

**Teamsters Behavioral Health  
NNEBT Managed Care Program  
PO Box 4604 Manchester, NH 03108-4604**

**Information Release Form**

I, \_\_\_\_\_, hereby authorize  
print name of person (legal guardian if patient is a minor) signing this form  
Teamsters Behavioral Health (TBH) to release whatever information is deemed pertinent  
by TBH regarding \_\_\_\_\_ to:

patient name

\_\_\_\_\_  
provider name

\_\_\_\_\_  
provider address

including information which is strictly confidential and of a personal nature.

In addition, I hereby authorize and request \_\_\_\_\_  
provider name

to release information from my records to Teamsters Behavioral Health, for the purpose  
of coordinating effective treatment plans.

I hereby relieve and release the above mentioned from any and all damages, claims and causes  
of action arising out of, or in connection with the release of this information.

This consent is subject to revocation at any time except to the extent that action has been  
taken in reliance thereon, and will otherwise expire on:

\_\_\_\_\_  
(Date, Event or Condition)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or guardian if patient is a minor)

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