



## Sunburst Mental Health Services Transportation Authorization Release

Sunburst Mental Health Services Staff Members may provide transportation to participants when the transportation needed is planned ahead of time and is needed to meet treatment plan goals.

I, \_\_\_\_\_, hereby authorize Sunburst Mental Health Staff to provide transport for \_\_\_\_\_.

I am asking that this transportation be provided to meet treatment plan goals. By signing this, I am agreeing not to hold the Sunburst staff member or the organization as a whole liable in the event that an accident occurs in the course of transportation.

At times transportation will be provided at the same time it is being provided to another participant.

I, \_\_\_\_\_, agree not to disclose any information pertaining to other participants of Sunburst Mental Health Services.

By signing this you agree not to discuss or disclose any information about another participant you come in contact within the facility or in the community. We ask that you respect the privacy of others and not discuss with anyone anything about the other participants.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Participant or Legal Representative**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Sunburst Mental Health Representative**

Revised 4/15/15

Sunburst Mental Health Services

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