

Custody Evaluations
Psychological Testing

Carl F. Hoppe, Ph.D.
Licensed Psychologist (PSY 4070)
10801 National Blvd. Suite 225
Los Angeles, CA 90064
Phone (310) 550-0314
Fax (310) 276-4825
www.carlhoppe.com

Marital Counseling
Parent Guidance
Psychotherapy

TO: WHOM IT MAY CONCERN

RE: _____

CASE NO. _____

Please release to CARL HOPPE, Ph.D., at 360 North Bedford Drive, Suite 215, Beverly Hills, California 90210, any and all medical information and/or records in connection with diagnosis, treatment, testing procedures and prognosis of any illness, physical or mental, which was suffered by me, my spouse, or our children, together with copies of any reports, tests, and/or notes made regarding such records and/or evaluation pursuant to Court Order dated: _____.

Custody and/or Visitation of:

I(we) am(are) aware of and hereby waive my(our) rights to protection under the provisions of United States Public Law 408 and under California Welfare and Institutions Code 5328 and request that the above information be released under those provisions.

A photocopy of this authorization to release information is as valid as the original.

This release shall remain valid for one year from the date of signing

Parent or Guardian

Date

Parent or Guardian

Date