

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

RELEASE OF MEDICAL INFORMATION

RE: \_\_\_\_\_ Case No. \_\_\_\_\_

Please release to Carl F. Hoppe, Ph.D., at the above address, any and/or 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, and/or our children, together with copies of any reports, tests and/or notes made regarding such records and/or treatments, for said Doctor's use in conducting a Psychological Evaluation pursuant to Court Order dated:

\_\_\_\_\_ for the purpose of determining: \_\_\_ custody \_\_\_ visitation  
of \_\_\_\_\_

This shall be valid until The Court has dismissed this evaluator or one year from signing, which ever comes first.

A COPY OF THIS AUTHORIZATION TO RELEASE INFORMATION IS AS VALID AS THE ORIGINAL.

Signed: \_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Date

