ENHANCE PSYCH, INC.

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FAA / AVIATION PSYCHIATRIC EVALUATION — INFORMED CONSENT & DISCLOSURE

Airman: _____ DOB: _____ FAA PI #: _____

1. PURPOSE — THIS IS AN EVALUATION, NOT TREATMENT

You are being evaluated at the request of your Aviation Medical Examiner (AME) and/or in response to an FAA letter, for FAA medical certification purposes. This is an independent psychiatric evaluation. It does not create a doctor–patient treatment relationship. Dr. Loungani will not prescribe medication or provide therapy as part of this evaluation.

2. INDEPENDENCE — WHO DR. LOUNGANI WORKS FOR

Regardless of who pays the fee, Dr. Loungani does not work for you, your family, your employer, or your AME, and he does not work for the FAA. His role is to gather information, apply diagnostic and FAA regulatory criteria, and offer an opinion on risk and protective factors. The FAA makes the final certification decision. No outcome is guaranteed, and you should be wary of anyone who guarantees one.

3. CONFIDENTIALITY IS LIMITED

Anything learned from records, interview, testing, or collateral sources (family, treatment providers, monitors) may appear in the written report. The report will be released to your AME and to the FAA, and to others only with your written authorization. With your separate signed authorization, Dr. Loungani may also consult directly with the FAA Aerospace Medical Certification Division / Psychiatry Branch about your case before and after the report is written. Legally required disclosures (imminent danger to self or others, abuse of a child or vulnerable adult) still apply.

4. YOUR OBLIGATIONS

You agree to provide complete and truthful information and all requested records. Before the evaluation, please provide your FAA letter, MedXPress confirmation, and relevant treatment records. Legal, regulatory, court, police, driving-record, or other supporting documentation may be requested when identified by the FAA letter or otherwise needed for the evaluation. Omissions or inaccuracies can invalidate the evaluation and affect FAA certification. FAA Form 8065-2 is a separate form that authorizes the FAA to release your airman medical file to Dr. Loungani; you are responsible for sending it to the FAA.

5. HOW THE EVALUATION IS CONDUCTED

The initial psychiatric evaluation and any psychometric testing required to be completed in person are conducted at the Jacksonville Beach office. Follow-up visits may be conducted by secure video when appropriate. A collateral interview with a family member or other informant may be requested. Dr. Loungani may coordinate directly with your AME/HIMS AME, the FAA, an FAA-listed neuropsychologist when testing is required, treatment providers, and laboratories so that testing, records, and the psychiatric evaluation align. Drug or alcohol abstinence monitoring is generally managed by the HIMS AME/Independent Medical Sponsor; initial testing may be initiated as part of the evaluation when appropriate. No audio or video recording and no AI note-taking tools are used during this evaluation, and you agree not to record it.

6. FEES

Evaluation fees are based on the type of FAA evaluation requested: FAA Psychiatric Evaluation - $2,495; HIMS Substance/Alcohol Evaluation - $3,495. The applicable fee is due at booking. The fee is for Dr. Loungani's time, records review, evaluation, professional opinion, report preparation, and applicable coordination; it is not payment for a particular certification outcome and is not refundable based on the result. The written report is released upon full payment. Follow-up evaluations are $397 each. Compliance letters are $197 each. AME fees, laboratory testing, and neuropsychological testing required by the FAA are not included. Payment plans may be available. This evaluation is not billed to insurance and no superbill is provided.

I have read this document, had the opportunity to ask questions, and consent to proceed with the evaluation on these terms.

Airman signature (age 18+): _____
Printed name: _____ Date: _____

Parent/guardian signature (if airman is under 18): _____
Printed name: _____ Date: _____

Evaluator: Raj Loungani, MD, MPH, FAPA _____
Date: _____