ENHANCE PSYCH, INC.

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AUTHORIZATION FOR TWO-WAY COMMUNICATION WITH THE FAA AND AVIATION MEDICAL EXAMINER

Airman: _____ DOB: _____ FAA PI #: _____

1. WHAT THIS FORM DOES

FAA Form 8065-2 authorizes the FAA to send Dr. Loungani your airman medical file; it does not by itself authorize two-way case consultation. This form authorizes two-way communication so Dr. Loungani may coordinate directly with the FAA and your AME/HIMS AME before, during, and after the written evaluation, helping ensure that the evaluation and report address the FAA's requested issues.

2. WHO MAY COMMUNICATE

I authorize Raj Loungani, MD, MPH, FAPA and Enhance Psych, Inc. to exchange information, verbally and in writing, with:

- Federal Aviation Administration — Aerospace Medical Certification Division (AMCD), Office of Aerospace Medicine, and the Psychiatry Branch (9-AVS-Psychiatry-Branch@faa.gov), including FAA staff psychiatrists and certification officials.
- My Aviation Medical Examiner / HIMS AME / Independent Medical Sponsor: _____.
- Other (neuropsychologist, treatment provider, monitor): _____.

3. INFORMATION COVERED

My complete psychiatric evaluation and report; psychiatric, psychological, and neuropsychological history and test results; substance use history, treatment records, and abstinence-monitoring results; medication history; court, driving, and legal records relevant to certification; and the contents of my FAA airman medical file. I understand this may include information about mental health, alcohol and drug use, and other sensitive matters, and that federal confidentiality rules for substance use treatment records (42 CFR Part 2) may apply to some of it; I specifically authorize its disclosure.

4. PURPOSE

Evaluation, report preparation, and coordination in connection with my application for, or continuation of, an FAA airman medical certificate, including Special Issuance when applicable. This authorization permits coordination so that AME requirements, neuropsychological testing if required, laboratory information, treatment records, and the psychiatric evaluation can be aligned.

5. YOUR RIGHTS

This authorization expires 24 months from the date signed, or on the earlier date/event I write here: _____. I may revoke it at any time by written notice to Enhance Psych, except to the extent action has already been taken in reliance on it. Enhance Psych will not condition the evaluation on my signing this form; however, if I do not sign, Dr. Loungani cannot consult with the FAA about my case and the evaluation may be less complete. Information disclosed to the FAA is governed by federal law and may be redisclosed by the recipient and no longer protected by HIPAA. I am entitled to a copy of this form.

I have read this authorization, understand it, and sign it voluntarily.

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

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