

## WAIVER OF PRIVILEGE

### WAIVER OF PSYCHOLOGIST-PATIENT PRIVILEGED COMMUNICATION AND AUTHORIZATION FOR RELEASE OF PSYCHOLOGICAL REPORT

I, \_\_\_\_\_, (a.k.a. \_\_\_\_\_), born \_\_\_\_\_, am hereby advised that there exists a special privilege between a licensed psychologist and patient protecting communications from the patient (O.C.G.A. § 43-39-16), unless the privilege is waived by the patient.

I specifically waive my protection of all privileged admissions and communications between my psychologist and myself. I waive my privilege so that my psychologist can testify as an expert witness regarding his or her opinion of my mental and emotional condition at the time he or she evaluated me on \_\_\_\_\_. I further authorize my psychologist to release a copy of my Psychological Report and discuss his or her opinions with all parties on both sides of my lawsuit. I understand that my psychologist's opinions and release of information may include, but not be limited to, expert testimony in a deposition and in courtroom proceedings.

By waiving the psychologist-patient privileged communication between myself and my psychologist, and by authorizing and directing a release of my psychological report, I understand that I am placing such opinions and records open to inspection as a matter of public record. I understand that such records may become a matter of public record in a civil, criminal, or other judicial proceeding.

I certify that I have read this form or that it has been read and explained to me in terms that I can understand. All of my questions have been answered to my satisfaction. By signing this form, I agree with the above terms and conditions of this form.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist's Signature

\_\_\_\_\_  
Date