

FORM 40 / REDUCTION OR AMELIORATION OF CONDITION OR IMPAIRMENT

Name _____
First Middle Last Suffix

The Office of LLP Admissions is aware of HIPAA requirements.

Relevant date(s): From Mo/Yr _____ To Mo/Yr _____

Provide a Detailed Explanation: This written statement should contain a description of the current condition or impairment you are disclosing. This explanation should include your perspective of the circumstances, reasons, or situations which contributed to the condition or impairment. This includes any information or explanation that you believe mitigates or lessens the severity of the condition or impairment including any treatment and/or monitoring program(s). Attach a separate page(s) if necessary.

Detailed Explanation:

Describe any treatment, monitoring or support program and how it reduces or ameliorates the condition or impairment:

Name and complete address of treatment provider:

Name of treatment provider _____

Treatment provider's current address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number _____

Name and complete address of monitoring or support program:

Name of monitoring or support program _____

Monitoring or support program's current address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number _____

Duplicate this form as needed.