Utah Office for Victims of Crime (UOVC) 350 East 500 South Ste. 200 Salt Lake City, UT 84111 Fax 801-533-4127 Phone 801-238-2360

Email: crimevictims@utah.gov

Statement of Mental Health Provider

POR FAVOR PRESENTE ESTA CARTA A SU TERAPISTA DE SALUD MENTAL

UOVC Claim Number:	
Patient Name:	
Criminal Activity suffered by the Patient:	
Perpetrator Name:	
Describe how the patient's treatment will be related to the criminal activit	y suffered by the patient.
I hereby agree that I will only bill UOVC for treatment provided to the patient above-described criminal activity and that all mental health therapy sessions by related solely to that criminal activity.	
Printed Name and license number of provider	 Date
Signature of Provider	