**Official Letterhead of the Healthcare Provider]**
**[Practice Name]**
**[Address]**
**[City, State, ZIP Code]**
**[Phone Number]**
**[Email Address]**
**[Website (optional)]**

**Date:** [MM/DD/YYYY]

**To Whom It May Concern,**

I am a [licensed mental health professional/physician] currently practicing in the State of [State], and I am writing this letter on behalf of my patient, **[Patient’s Full Legal Name]**, born on **[Date of Birth]**, who has been under my professional care since **[Month, Year]**.

Based on my evaluation and ongoing treatment, I confirm that [he/she/they] has a **mental health condition recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)**. This condition substantially limits one or more major life activities. The presence of an **Emotional Support Animal (ESA)** is an integral part of [his/her/their] treatment plan and provides significant therapeutic benefit by alleviating symptoms associated with [his/her/their] condition.

I therefore **recommend that [Patient’s Name] be allowed to keep an Emotional Support Animal** to assist in managing [his/her/their] mental health condition. The animal’s presence contributes positively to [his/her/their] emotional stability and overall well-being.

This recommendation is made in accordance with the **Fair Housing Act (FHA)**, which requires housing providers to make reasonable accommodations for individuals with disabilities, including allowing emotional support animals in residences where pets may otherwise be restricted.

Please note that this letter does **not disclose the specific diagnosis** to protect patient confidentiality under the **Health Insurance Portability and Accountability Act (HIPAA)**. Should further verification be required, you may contact my office directly using the information provided below.

Thank you for your attention to this matter.

Sincerely,

**[Provider’s Signature]**
**[Provider’s Full Name, Degree (e.g., M.D., Ph.D., LCSW, Psy.D.)]**
**[License Number]**, State of [State]
**[Practice Name]**
**[Practice Address]**
**[Phone Number]**
**[Email Address]**



**Dr. Emily Carter, Ph.D., Licensed Clinical Psychologist**
**MindWell Behavioral Health Clinic**
**1250 Maple Avenue, Suite 210**
**Portland, OR 97205**
**Phone:** (503) 842-6710
**Email:** ecarter@mindwellclinic.com
**Website:** www.mindwellclinic.com

**Date:** October 8, 2025

**To Whom It May Concern,**

I am a **licensed clinical psychologist** (License No. **PSY-42158**) practicing in the State of Oregon. I am writing this letter on behalf of my patient, **Sarah Johnson**, born on **May 14, 1993**, who has been under my professional care since **June 2023**.

Based on my clinical evaluation and ongoing treatment, I confirm that Ms. Johnson has a **mental health condition recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)**. This condition substantially limits one or more major life activities. The presence of an **Emotional Support Animal (ESA)** plays an essential role in her treatment by helping to alleviate symptoms related to anxiety and emotional distress.

I therefore **recommend that Ms. Johnson be permitted to keep an Emotional Support Animal** to assist in managing her condition. The animal’s presence provides therapeutic benefit, contributing positively to her emotional stability, daily functioning, and overall well-being.

This recommendation is made in accordance with the **Fair Housing Act (FHA)**, which requires housing providers to make reasonable accommodations for individuals with disabilities, including the allowance of emotional support animals in housing units where pets are otherwise not permitted.

To protect patient confidentiality in compliance with **HIPAA**, this letter does not disclose the specific diagnosis. Should you require additional verification or have questions, please contact my office using the information provided above.

Thank you for your understanding and cooperation.

Sincerely,

**[Signed Electronically]**
**Dr. Emily Carter, Ph.D.**
Licensed Clinical Psychologist
License No. PSY-42158 — State of Oregon
MindWell Behavioral Health Clinic
1250 Maple Avenue, Suite 210
Portland, OR 97205
Phone: (503) 842-6710
Email: ecarter@mindwellclinic.com