



S A N F R A N C I S C O
F O R E N S I C I N S T I T U T E

At the Interface of Psychology & Law

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PSYCHOLOGICAL EVALUATION DISCLOSURE

The San Francisco Forensic Institute (SFFI) is comprised of two psychologists, Dr. Mark Koetting and Dr. Charles Flinton, a forensic clinician, Cynthia Rinker, MFT, and various clinical and administrative team members. In order to provide you with the highest quality services possible, the team may consult with each other regarding your case. In other words, the SFFI team will share psychosocial/ behavioral history, legal information, test results, diagnosis, evaluation, treatment progress and discharge information in regard to your evaluation. Your privacy is important to us. All information shared with the SFFI team is confidential and will not be released to anyone outside the SFFI team without your written authorization to do so. By signing below, you authorize the team to discuss your case.

If you agree to the above disclosures, **sign here:**

Before proceeding with a psychological evaluation, it is important that you are fully aware of the reason for and purpose of the evaluation. If you do not understand the objectives for this evaluation, please discuss this with your evaluator before proceeding. In addition, a psychological evaluation is not psychotherapy. Interactions, discussions and interviews are not intended to facilitate change, insight, or promote particular emotional or cognitive experiences.

Participation in a psychological evaluation requires that you answer personal questions and possibly take psychological tests. Some of the tests may be administered directly to you in the form of paper-and pencil-tests and/or computer/instrument interaction. Other tests may be scored/completed based on the clinical interview and, in most cases, a review of your relevant

documented history. In some cases, information is gathered from other sources (e.g., people in your life, agencies, etc.). You must understand that you are informed, in advance, of all sources of information that your evaluator uses for evaluation and/or consultation. Please be aware that your participation in this evaluation is confidential. In other words, everything that is discussed, the results of psychological tests, and conclusions, are kept private and are not given to anyone except you, unless you direct your evaluator, in writing, to share the evaluation, psychological test results, and conclusions with someone or an agency. However, there are exceptions, or limits, to your confidentiality. In other words, under some circumstances, your evaluator may be required to disclose the results, conclusions, and data related to you. The limits are described below:

Limits of Confidentiality

1. You authorize a release of information with a signature. (e.g., attorney, probation officers/parole agents, community agencies, health insurance companies, and/or other third party payers).
2. You assert that a mental condition is an issue in a lawsuit.
3. You present as a physical danger to yourself (Johnson v County of Los Angeles, 1983).
4. You present as a danger to others (Tarasoff v Regents of the University of California, 1967).
5. *Your evaluator* suspects that you are engaging in or have engaged in child or elder abuse and/or neglect that have not been previously reported to authorities (Welfare & Institution Code).

In some cases, your evaluator is required by law to inform potential victims and legal authorities so that protective measures can be taken. Please review limits of confidentiality that are specific to your case/situation with your evaluator or a legal representative.

If you understand the above disclosures **initial here:** _____

Consent for Evaluation

I authorize and request a psychological evaluation. This evaluation is completed through the use of clinical interviews, a review of my history (via document review and/or collateral verbal discussion), psychological exams, and/or diagnostic procedures. I understand the purpose of these procedures will be explained to me upon my request and that the evaluation or any part of it is subject to my agreement. I am also aware that the evaluation process may cause uncomfortable feelings and reactions such as anxiety, sadness, anger, and other negative emotions. I understand that this can be normal response to participating in a psychological

evaluation. If I experience these reactions, I may contact any SFFI staff to discuss these issues or obtain referrals for psychological treatment. I also understand that SFFI staff are not available 24 hours hours/seven days per week. In the event of an emergency, I must call 911. I also understand that I may call one of the emergency numbers provided below.

Westside Crisis Clinic
888 Turk Street at Gough
Ph: 415-353-5050

San Francisco Suicide Prevention
Ph: 415-781-0500

I also understand that I am required to pay for services. The cost of this evaluation is \$ _____ **Initial here:** _____

Or

My evaluation is being paid for by _____. I confirm that SFFI has received the appropriate payment agreement with _____.

Initial here: _____
Clinician Initial here: _____

I also understand that if I cannot attend a scheduled evaluation session, I must notify SFFI 48 hours prior to the scheduled appointment that I am unable to attend. Cancellations (less than 48 hours) or failing to attend a scheduled session are charged at \$____ per hour in addition to the cost of the evaluation.

SFFI reserves the right to suspend or cancel an evaluation for any reason. If your evaluation is suspended, you will be charged for services previously provided and refunded the appropriate proportion of your retainer.

Patient/Guardian Signature

Name Printed

Date

Clinician Signature

Date