



SAN FRANCISCO FORENSIC INSTITUTE

At the Interface of Psychology & Law

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Authorization to Release Confidential Information

_____	_____	_____	_____
Holder of Privilege	Tel. #	DOB	SS#

I, the above-named, request and hereby authorize _____ (Name or Organization) to DISCLOSE to, and/or RECEIVE from, personal information regarding my case to the *San Francisco Forensic Institute* and *Charles A. Flinton, PhD. and staff.*

I understand that the information to be released will include information related to my mental and physical health as well as any court-related information.

The disclosure is for the purpose of consultation and includes but is not limited to the following:

- Medical/psychiatric information, results, diagnosis, evaluation, treatment and discharge
- Summary /copy of psychosocial/ behavioral history and treatment
- Summary /copy of psychological/vocational testing
- Pertinent legal information (Police, Probation, Pretrial Services, Court Orders, etc.)
- Case Conferences/Case Management information
- Physical examination results

I understand that the person/organization receiving the above specified information, under Federal regulations, may not disclose this information further unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

This authorization is effective immediately. This consent may be revoked by me in writing at any time unless the information has been released or transmitted prior to the revocation. If not revoked in writing, this authorization to exchange information is valid for one year from the date of last service date.

Client Signature/Other Person Authorized to Sign

Date

Name and Title of Witness

Date

Contact Information for _____

Telephone: _____