



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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**TREATMENT DISCLOSURE AND INFORMED CONSENT**

The San Francisco Forensic Institute (SFFI) is comprised of a psychologist, Dr. Charles Flinton, 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 treatment and evaluation. Your privacy is important to us. All information shared with the SFFI team is confidential and will not be released to individuals or agencies 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, it is important that you are fully aware of the reason for and purpose of your participation in psychotherapy. If you do not understand the objectives for your treatment/therapy, please discuss this with your therapist before proceeding.

Participation in psychotherapy 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 and measures may be scored/ completed based on the clinical interview and, in most cases, a review of your relevant documented history. In some cases, information will be gathered from other sources (e.g., people in your life, agencies, etc.). You must understand that you will be informed, in advance, of all sources of information that your therapist will use for evaluation and treatment planning.

Please be aware that your participation in therapy is confidential. In other words, everything that is discussed, the results of psychological tests, and conclusions will be kept private and will not be given to anyone except you. However, there are exceptions, or limits, to your confidentiality. In other words, under some circumstances your therapist 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 11165.1).
6. If you disclose that you have knowingly developed, duplicated, printed, *downloaded*, *streamed*, *accessed through any electronic or digital media*, or exchanged, a film, photograph, videotape, *video recording*, negative, or slide in which a child is engaged in an act of obscene sexual conduct. (Welfare & Institutions Code 11165.1)

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

If you understand the above disclosures, **initial here:** \_\_\_\_\_

### **Consent for Treatment/Evaluation**

I authorize and request the San Francisco Forensic Institute to carry out therapy sessions, clinical interviews, psychological exams, and/or diagnostic procedures. I understand that the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I am also aware that the therapy process may cause uncomfortable feelings and reactions such as anxiety, sadness, anger, and other strong emotions. I understand that these can be normal responses to participating in psychological therapy. If I experience these reactions, I may contact my therapist to discuss these issues.

### **Emergency Contact Procedures**

The **San Francisco Forensic Institute** is not open 24 hours hours/seven days per week. In the event of an emergency, please call 911. You may also call one of the emergency numbers provided below.

#### **San Francisco:**

- Westside Crisis Clinic 415.355.0311
- San Francisco Suicide Prevention 415-781-0500 or 800-273-8255 (TALK)
- San Francisco General Hospital Psychiatric Emergency Services 415-206-8125

#### **Alameda County:**

- 24 Hour Crisis Line 1-800-309-2131

**Attendance and Payment**

I also understand that I am required to pay for services at the time services are rendered. Individual therapy is \$150 and group therapy is \$ 65 I understand that if I expect a third party to pay for my services, a written agreement or letter is needed from the third party indicating that they are paying for services. Any services not paid for by third party payers are my responsibility. In other words, I, \_\_\_\_\_, am ultimately responsible for payment of all services.

I also understand that there is a 48 hour cancellation policy. Cancellations and “no shows” will be charged at the agreed upon rate. In addition repeated cancellations and/or missed appointments will result in termination from the program.

By signing below I agree to all of the above disclosures.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date