



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

Oakland, San Francisco, and Santa Rosa
 415 391 7171 phone 844 506 3322 fax
 WWW.SFFI.US

Client Information Sheet

TODAY'S DATE _____		
Client's Full Name _____		SS# _____
Birth Date: _____		
Street Address _____		
City/State _____		Zip _____
Telephone: _____		
Home	Mobile	Email
If you become a regular client, would you like reminders via text YES NO, email YES NO, or none at all? Please circle your preferred mode of communication.		
Emergency Contacts*:		
Name _____	Relationship _____	Telephone _____
Name _____	Relationship _____	Telephone _____
*Please note that by giving us this information you allow us to contact your emergency contacts and request information about you if we lose touch with you or if there is an emergency situation. (medical condition, harm to self, harm to others)		
Referred By _____		
Please describe below why you were referred to SFFI		
Primary Clinician: _____		Date: _____



SAN FRANCISCO
FORENSIC INSTITUTE

At the Interface of Psychology & Law

San Francisco, Oakland, Santa Rosa
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Authorization to Release Confidential Information

Holder of Privilege and/or Client (Please Print)

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

I understand that the information to be released will include data related to my mental and physical health, as well as any court-related and offense-related information. The disclosure is for the purpose of consultation, evaluation, and/or psychotherapy, 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/psychosexual/personality testing.
- Pertinent legal information (e.g., police reports, probation, pretrial services, court papers, rap sheet, etc.).
- Case Conferences/Case Management information.
- Physical examination results.
- Oral consultation with the authorized person/organization named above.

In addition, if I am required to register as a California PC 290, I understand that I will be scored on various risk assessment tools including the Static 99-R, LS/CMI, and the Stable-2007. These scores will be sent to the State of California, Department of Justice, and the assigned probation officer. (See Penal Code §§ 290.09, 1203.067, 3008, and 9003).

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 indicated below.

Client Signature/Other Person Authorized to Sign

Date

Name and Title of Witness

Date

Contact Information for

Name and/or Organization

Telephone

Fax

EMAIL

Address

City/State

Zip Code

Mailing Address: 870 Market Street, Suite 875 San Francisco, CA 94102

PRINTED NAME OF CLIENT: _____



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PSYCHOLOGICAL EVALUATION/INTAKE DISCLOSURE

The San Francisco Forensic Institute (SFFI) is comprised of psychologist Charles Flinton, PhD, 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:

Mailing Address: 870 Market Street, Suite 875 San Francisco, CA 94102

PRINTED NAME OF CLIENT: _____

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 evaluator is required by law to inform potential victims and/or 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.

Emergency Contacts

I also understand that evaluators at SFFI are not available 24 hours a day/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.

San Francisco:

24 hours Crisis Line S. F. General Hospital Psychiatric Emergency Services	415-206-8125
24 hours Crisis Line San Francisco Suicide Prevention	415-781-0500
24 hours Crisis Line Friendship Line for the Elderly	415-752-3778
24 hours Crisis Line Child Crisis Services	415-970-3800
Westside Crisis (245 11 th Street)	415-355-8300

Alameda:

24 Hour Crisis Hotline Alameda County	800-309-2131
24 hours Crisis Line Nationwide Hotline	800-SUICIDE
24 hours Crisis Line	800-273-TALK
24 hours Crisis Line Child Abuse Hot Line	510-259-1800
24 hours Crisis Line Crisis Support Service	800-260-0094

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Sonoma County:

24-hour Emergency Mental Health Hotline	(800) 746-8181
North Bay Suicide Prevention Hotline, confidential 24/7,	(1-855-587-6373)
24-hour access line to mental health information, screening, and referrals:	(707) 565-6900
	or (800) 870-8786

Third party payers

Third party payers include but are not limited to my attorney, San Francisco Adult Probation, San Francisco Behavioral Health Care, MHM Services (ConRep), Liberty Healthy Care, Salesian Society, Kaiser. I understand that I may be required to pay a co-payment or for services in full if I let my coverage or authorization lapse. Copays will be billed monthly. Cash, Checks and credit cards are accepted. Checks should be made out to San Francisco Forensic Institute (or SFFI). If Checks do not clear due to insufficient funds, you will be responsible for fees associated to the failed check and the penalty. Other: _____ please circle who will be paying for your services if not you directly. If the third party payer is not listed, please discuss with the administrator to ensure the proper authorizations are in place prior to writing "other." If your attorney is paying, SFFI needs a signed engagement agreement from the attorney prior to beginning services.

Private Pay

I understand that I am paying for my intake assessment/evaluation and that payment is expected at the time of service. Payment options will be discussed if needed but the intake/evaluation will not be released to the requesting parties until payment is complete. The price for this intake is _____ Cash, Checks and credit cards are accepted. Checks should be made out to San Francisco Forensic Institute (or SFFI). If Checks do not clear due to insufficient funds, you will be responsible for fees associated to the failed check and the penalty.

I understand that there is a 48 hour cancellation policy. Late cancellations and "no shows" may be charged directly to you at the agreed upon rate. In addition, repeated cancellations and/or missed appointments will result in termination from the program. All "no shows" or cancellations will be reported to your probation officer if you have one.

Patient/Guardian Signature

Date

Clinician Signature

Date

I have a right to a copy of this document. If I would like one, I will ask my clinician or the admin. If I do NOT want a copy, sign here:

Client