

**Stephen F. Emiley, Ph.D.**

**Clinical / Forensic Psychologist**

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**Court Ordered/Related Psychological Evaluation  
Authorization/release**

You have been requested to participate in this evaluation to address issues relevant to your court case. The psychologist will be administering a battery of tests and a clinical interview to help him develop a comprehensive and thorough understanding of your situation. Records are frequently provided to the examiner, and you will be given an opportunity to respond to information contained in these items. You and your representative may provide records that you feel would be helpful as well. It is also possible that the examiner may be subpoenaed related to these matters and required to provide depositions and/or testimony in court.

There are limits to your confidentiality in this situation as the examiner must summarize his findings and submit a written report to the court, lawyers, social workers, and/or probation officers assigned to this case. The examiner will not release information relating to your case to any other parties without your written consent. Identifying health information may be used to obtain payment from third parties for services you may receive from Dr. Emiley. You may obtain a copy of your report by making written request to Dr. Emiley.

This authorization expires upon the completion of your court case and related proceedings, unless revoked by you in writing prior to that time with the exception of court ordered and related matters. Information that is used or disclosed may no longer be protected once it is used or disclosed in accordance with this authorization. Questions or complaints about your records should be made to Dr. Emiley. You have the right to make comments about the report that will be kept in your files.

My signature on this form acknowledges that I have received a copy of Dr. Emiley's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Dr. Emiley and of my rights with respect to my health information. I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information.

***"I understand the procedures and limits to confidentiality in this evaluation and willingly choose to participate in this process, and authorize the release of this evaluation to the judge, attorneys, social service and/or probation personnel assigned to my case."***

**Signature:** \_\_\_\_\_ **RE:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Witness:** \_\_\_\_\_