



Counseling & Consulting, PLLC

Emergency Contact Information

In case you have a crisis or an emergency that I cannot address while providing teletherapy services or if I assess that you need immediate care, I would like your permission to contact your emergency contact person(s).

Please provide us with the name(s) of the person(s) you wish to list as your emergency contact. This information will only be used for that purpose.

Client Name : _____ **Date of Birth:** _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Email (optional): _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Email (optional): _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Email (optional): _____

By signing this form you agree Counseling & Consulting, PLLC has your permission to call/email your emergency contact during a crisis or an emergency.

Signature of Client

Date