

AUTHORIZATION OF DISCLOSURE
IN CASE OF EMERGENCY

In the case of emergency I authorize and instruct Lynda Harper or designated colleague to notify the following person(s) in case of an emergency, or in the event a safety plan has been put into place. I also authorize them to contact the following person(s) in the event that they cannot reach me through the contact information provided by me:

Name

Relationship

phone

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon. If not previously revoked, this consent will terminate upon the termination treatment.

Client Signature

Date