



5. Emergency Contact Information

Emergency Contact

Emergency Contact Full Name:

Emergency Contact Phone:

Emergency Contact Relationship:

Client Legal Name (Full and Last):

I understand and acknowledge that certain protected health information cannot be released without specific authorization as required by state or federal law. I further understand that, as explained in the "Confidentiality" section of the Informed Consent to Psychotherapy, certain exceptions to confidentiality exist. By initialing below, I authorize the release of mental health and/or substance abuse information to my emergency contact in the event an exception to confidentiality occurs.

Client Initials:

Today's Date: