

Dr. Jacquelyn M. Harlan, LMFT
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EMERGENCY CONTACTS

In the event of an emergency, I authorize Dr. Jacquelyn M. Harlan, LMFT to contact the following persons whom live within a five-mile radius of my home to 1.) verify my location, 2.) verify my welfare, 3.) give her any and all information she deems necessary to verify that I am not experiencing an emergency. In the event that I am experiencing an emergency, I authorize Dr. Jacquelyn M. Harlan, LMFT to disclose relevant information to the named contact person(s) to ensure I get the emergency care I need. I understand Dr. Jacquelyn M. Harlan, LMFT will call the contact people named in the order I list them on this form. This list will remain effective for the duration of therapy, or until I chose to update it. I understand it is my responsibility to make updates to this form should any contact information for my named emergency contacts change.

Name

Phone Number

Address

Relationship to Patient

Name

Phone Number

Address

Relationship to Patient

Print Patient Name

Date

Patient Signature