

EMERGENCY CONTACT

For a life threatening emergency, please call 911 immediately.

This office provides outpatient care. Clinicians at this office are not on-call, and as such may not be available to address your urgent concerns. If you believe you are in danger or in imminent risk, or suicidal and/or homicidal with intent: Please do not waste valuable time calling our office. Call 911 immediately, and contact our office once you are safely at the hospital to inform your clinician of the situation.

If there is an emergency during our work together, or your personal safety becomes a concern, your therapist is required by law and by the code of our professions to contact someone close to you. This may be anyone over 18 years of age; a relative, spouse, or close friend whom you trust. We are also required to contact this person and/or the authorities, if we become concerned about your harming someone else. Please write down the name and information of your chosen contact person, as well as a second person if the first is unable to be reached. It is strongly encouraged that you inform these people of the potential to be contacted in an emergency. An emergency is as defined in this form.

Primary:
Name: _____
Phone: _____
Relationship: _____

Secondary:
Name: _____
Phone: _____
Relationship: _____

By signing this form, I am granting Meaningful Connections Counseling permission to contact my Emergency Contacts, should any of the above situations arise. I am aware that I may change my Emergency Contacts at any time.

This consent expires automatically sixty (60) days after closure of current episode of care, unless revoked and replaced with an updated form.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If Applicable)