



Emergency Contact Form

Completion of this document authorizes the disclosure and/or use of personal information about you for *emergency purposes*, such as any serious concerns or the inability to reach you after repeated attempts.

Name of Client _____ DOB _____

I, _____, hereby willingly give permission to Taryn Buffolino, LPC, to contact _____, in the event of an emergency situation.

Release is effective until _____ (one year from today.) You have the right to rescind this consent with a written letter addressed to Taryn Buffolino, LPC.

Address for contact _____

Phone Number for Contact _____

Relation to Client _____

Reason for release of information EMERGENCY CONTACT

Client Signature _____ Date _____

Therapist Signature _____ Date _____