



Disclosure or Notification to Family or Others

This form is used to identify persons to whom we may disclose protected account or appointment information about you (the client), or to contact in case of an emergency. This form is effective for one year or until you provide further notice.

A minimum of one Emergency Contact person is required. You may wish to include any of the following:

- parent
- spouse – NOT automatically included
- other relative or friend
- insurance subscriber (this is the policy holder, not the insurance company)
- legal guardian
- case worker

Client: _____

Emergency Contact: _____

Relationship to Client: _____

Phone # _____

Emergency Contact

Appointment

Account

Optional Name: _____

Relationship to Client: _____

Phone # _____

Emergency Contact

Appointment

Account

Optional Name: _____

Relationship to Client: _____

Phone # _____

Emergency Contact

Appointment

Account

Printed Name of Client or Legal Representative

Relationship to Client

Signature of Client or Legal Representative
(must be 18 or older)

Date