

David Woodsfellow, PhD
Licensed Psychologist
The Woodsfellow Institute for Couples Therapy
2801 Buford Hwy NE, Suite 295
Brookhaven, GA 30329

Trusted Contact Authorization to Call in Case of Emergency

Would each of you please fill out one of these two pages. Please each designate your own trusted contact – two different people.

This form -- when completed and signed by you -- authorizes me to call your trusted contact in the unlikely event that an emergency was to arise in your teletherapy.

If this were to happen, I would only share the minimum information necessary to assist you in such an emergency. This might include your name, your location, your phone number, the nature of the emergency, and related matters.

You have the right to change your emergency contact at any time. Please let me know if you would like to do so. You also have the right to revoke this authorization at any time. However, I need to have some emergency contact to continue teletherapy.

My signature below authorizes David Woodsfellow, PhD

To contact _____
Name of Emergency Contact

At _____
Mobile Phone Number of Emergency Contact

In case an emergency were to arise in my teletherapy and release information necessary to assist in such an emergency. This authorization shall remain in effect until my teletherapy is completed.

Signature

Date

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