



PSYCHOTHERAPY, COUNSELING & COACHING

Your Safe Space, LLC

Telehealth Emergency Contact Release of Information Form

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person services. We ask that you assist in addressing the difficulties with completing and agreeing to this release. The individual of your choosing will be identified as your emergency contact. This person should be near your physical location.

Your Safe Space will only contact this individual to assist in addressing a crisis or emergency, as stipulated in the Informed Consent for Telehealth document.

Client Name: _____ **DOB:** _____

Primary Phone: _____ **Alternate Phone:** _____

Emergency Contact Name: _____

Relationship to Patient: _____

Primary Phone: _____ **Alternate Phone:** _____

I authorize Your Safe Space, LLC to contact: _____

As identified above, in the event of a perceived emergency or imminent threat to myself or to others. This authorization remains in effect until I submit a signed, written request to change the terms of this agreement.

Client Signature: _____ **Date:** _____

****If signing on behalf of the client, you must provide our office a copy of the Power of Attorney or proof of legal guardianship.**