



## Emergency Contact for Telepsychology

In the event of a crisis or emergency, please provide below at least one emergency contact person to assist in addressing the situation.

### **LOCAL EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Secondary phone number: \_\_\_\_\_

### **FAMILY EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Secondary phone number: \_\_\_\_\_

I, \_\_\_\_\_, authorizes

Sophie Guellati-Salcedo, Ph.D. to contact the emergency contact provided hereinabove, as

needed, in case of a crisis or emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date