

Emergency Contact Form

I,

(first name, last name), hereby allow Jessica Lief to contact my emergency contact if she assesses that this is necessary due to an emergent situation with myself or my clinical care.

My emergency contact that I have identified is:

Name:

Relationship:

Address:

Phone:

Email:

This consent for my emergency contact to be contacted in case of emergency will be valid for one year from today,

For emergency purposes, the physical address where I currently reside is:

Address: