

## **EMERGENCY PROCEDURES**

Since I do not have 24 hour coverage, I may not be available to respond in crisis situations. If you experience a psychiatric emergency, please call 211 or 911 or go to the nearest emergency room rather than waiting for me to return your call. If I am out of town for an extended period of time, I will give you the name and contact information of a colleague you can contact in case of an urgent need.

## **CLIENT CONSENT FOR PSYCHOTHERAPY**

I have read the information contained in this agreement. I have also read the Notice of Privacy Practices and the Payment Agreement. I have had sufficient time to consider these documents carefully, asked any questions I had, and understand the information in each document. Having considered the potential benefits and risks, I voluntarily consent to participate in psychotherapy.

Please return this to me before we begin treatment.

Client's Name (Please Print): \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY contact : \_\_\_\_\_ phone \_\_\_\_\_