Emergency Contact Notification Acknowledgement and Consent

All information about our clients is kept confidential among the Psychology Clinic's professional staff, in accordance with legal and professional ethical requirements. No information can be released to any outside person or agency without the written and signed permission of the client or the client's guardian.

However, there are exceptions to a client's right of confidentiality that are required by law and include, but are not limited to: (1) when a client threatens, or is at risk of, harm to himself/herself (e.g., suicidal), (2) when a client's statements or actions threaten to harm others, (3) when there is reasonable suspicion of abuse or neglect of a dependent individual (e.g., a child, an older adult).

If your UA Psychology Clinic therapist and/or his/her supervisor become concerned about your safety and well-being, and you miss a scheduled appointment and do not return the therapist's, supervisor's, or Clinic staff's phone calls, your listed emergency contact below may be called to check on your whereabouts and safety and/or the safety of others.

IN CASE OF EMERGENCY, CONTACT:

Name: _____ **Relationship**: _____

Phone #: _____ (home) _____ (work) _____(cell)

ACKNOWLEDGMENT AND CONSENT:

I, _____, have read and understand the above information in its entirety, and any questions I had about its content have been answered to my satisfaction. On the basis of this agreement, I give my informed consent for the UA Psychology Clinic staff and/or my therapist and/or my therapist's supervisor to call my above listed emergency contact if the Clinic is unable to contact me.

_____ _____

Individual Signature Date

_____ _____

Witness Signature Date