

Amy M. Rosenthal
Licensed Clinical Social Worker
929-382-4251
<https://www.amenthalcsw.com/>

Emergency Contact Release Form

I hereby authorize Amy M. Rosenthal, LCSW to release information to the following person in the event of a medical or mental health emergency:

Emergency Contact Name: _____

Relationship to Client: _____

Address: _____

Phone Number: _____

The information authorized to be released will be related to a medical concern or emergency and will include any information needed to secure the safety of the client and/or others. I have been informed that, in order to protect the limited confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for one year after the date of my signature.

A photocopy or facsimile of this form may be accepted in lieu of the original signed form. I also understand that this consent is revocable except to the extent that action has been taken on it already.

I further understand that Amy M. Rosenthal, LCSW will not condition my treatment on whether I give authorization for the requested disclosure.

Client Name (Please Print) _____

Signature (Client or Legal Guardian) _____ Date _____

Parent/Guardian Signature (if child under age 14) _____ Date _____

Release valid from _____ to _____