



RELEASE OF INFORMATION IN THE CASE OF EMERGENCY

In the event of the unexpected illness or death of your treating practitioner or a family member that prevents your practitioner from fulfilling his/her professional duties towards his/her clients, Footsteps Behavioral Health program director or its designee assumes the responsibility for managing practice obligations.

The following release of information is required by HIPAA, and authorizes Footsteps Behavioral Health practitioners to contact you in an emergency situation. The release will be kept separately from your therapy file.

I, _____, date of birth _____,

hereby authorize **Footsteps Behavioral Health** to contact me in the event of an emergency situation concerning my treating practitioner. The purpose of the contact shall be limited to my professional therapy relationship with my treating practitioner, including changes to my scheduled appointments, ending of appointments, receiving copies of my records and assisting with continuity of care.

I can be reached at:

Cell: _____

Work: _____

Home: _____

In the event that I cannot be reached at any of the above numbers, a person who could be notified to convey this information to me is:

Name: _____ Phone number _____

Relationship to me: _____

Signed _____ Date _____