



Emergency Release of Information

This authorization is for use in emergent or crisis situations only. It is at the therapist's discretion to contact the individuals listed on this form to fulfill duty to protect. Situations include but are not limited to the following:

1. Risk of harm to self and/or others (i.e. suicidal or homicidal intent)
2. Medical emergency on the premises OR over telehealth
3. Coming to session under the influence
4. Any other incident deemed high risk

Client Name: _____	Date of Birth: _____
I consent to GSCC releasing EMERGENT information in verbal format/via phone to the following individuals:	
EMERGENCY CONTACT #1: _____	PHONE: _____
EMERGENCY CONTACT #2: _____	PHONE: _____

This authorization is limited to the individual's designated above. This information is not to be used for any purpose other than specified within. I consent to Gentle Shepherd Counseling Center releasing information that is deemed necessary for emergent or crisis purposes only, to the individual's listed above.

Client Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

*This authorization can be revoked at anytime by written notice to GSCC. I understand that any information released prior to revocation cannot be retrieved, and GSCC will not be held responsible for such.	
Signature to Revoke: _____	Date: _____
Witness of Revoke: _____	Date: _____