Lenny Gallo, LCSW, LCADC, ACT, CBIT
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EMERGENCY CONTACT INFORMATION

The purpose of this form is to have at least one person that may be contacted in the event of an emergency. This form does not take the place of the "Release of Information," but serves to notify someone trusted in the event that you become: a threat to yourself or someone else; are injured and need assistance; experience a psychiatric or medical emergency. Appropriate steps will be taken to disclose only necessary information to de-escalate an emergency. Full confidentiality cannot be guaranteed in the event of an emergency. HIPPA allows Health Care Providers to share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public–consistent with applicable law (such as state statutes, regulations, or case law) and the providers' standards of ethical conduct. My preferred policy is to not see anyone in my practice who will not provide at least one emergency contact, but you will not be denied services if you choose to not fill out this form. By not filling out this form, you are stating that you would prefer 911 or local emergency rescue to be contacted for any emergency situations.

Please provide at least one contact in the event of an emergency.

Personal Contact Info:

Name:_____

Home Address_____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name_____Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name_____Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

☐ I have voluntarily provided the above contact information and authorize Lenny Gallo, LCSW, LCADC, ACT, CBIT and his representatives to contact any of the above on my behalf in the event of an emergency.

☐ I have chosen to leave this form Blank and would prefer 911 or local emergency rescue to be contacted for any emergency situations.

Client Name: _____ DOB: _____

Signature: _____ Date: _____

Witness Signature: _____ Printed Name: _____

++++Effective as of 05/25/2020+++