

Sagewood Counseling, Lisa LeMay, MS, LMFT

RELEASE OF INFORMATION IN THE CASE OF EMERGENCY

In the event of the unexpected illness or death of myself or a family member that prevents me from fulfilling my professional duties towards my clients, I have arranged for a colleague to assume the responsibility for managing my practice obligations.

The following release of information is required by HIPAA and authorizes these colleagues to contact you in an emergency situation. The release will be kept separately from your therapy file.

I, _____,

hereby authorize Lisa Harrell, LPCC or Laurie Murray, LPCC to contact me in the event of an emergency situation concerning Lisa LeMay, LMFT. The purpose of the contact shall be limited to my professional therapy relationship with Lisa LeMay, 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:

Phone: _____

Email: _____

Signature: _____

Date: _____