

**UPDATED AUTHORIZATION TO CONTACT AND DISCUSS INFORMATION
WITH EMERGENCY CONTACT FOR PHONE SESSIONS ONLY**

I, _____, authorize Dr. Richard Federici, LLC, hereafter referred to as Dr. Federici, to contact anyone on my Emergency Contact list for emergency purposes only if Dr. Federici has reasonable concern that I may be in danger, or that someone else may be in eminent danger. Dr. Federici may only discuss the emergency at hand and will protect my privacy as much as possible, by not giving any unnecessary information to an Emergency Contact concerning any private matters. I will update this list should circumstances or phone numbers change. I understand that I have the right to refuse to sign this form and may revoke this authorization at any time, however, if I do not replace it, I may no longer have phone sessions.

(A minors signature is required for patients 14 and older)

Signature of Patient	Print Name	Date
Signature & Relation, if Not Patient	Print Name	Date

EMERGENCY CONTACT LIST FOR PHONE SESSIONS ONLY

Name	Relationship <i>(Mother, husband, neighbor)</i>	Location <i>(home, school, brother)</i>	Phone Number
Name	Relationship	Location	Phone Number
Name	Relationship	Location	Phone Number
Name	Relationship	Location	Phone Number