

**AUTHORIZATION FOR  
EMERGENCY CONTACTS DURING PHONE SESSIONS ONLY**

I, \_\_\_\_\_, authorize 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)*

<b>Signature of Patient</b>	<b>Print Name</b>	<b>Date</b>
<b>Signature &amp; Relation, if Not Patient</b>	<b>Print Name</b>	<b>Date</b>

**EMERGENCY CONTACT LIST FOR PHONE SESSIONS ONLY**

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