



Emergency Contact Form

As discussed in the Informed Consent for Telepsychology, an emergency contact within the immediate vicinity is required for emergency purposes. Please identify an emergency contact within your vicinity who I will call if there is a psychiatric or medical emergency.

Emergency Contact Individual:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Local Police Station (used in rare occasions when safety checks need to occur due to a crisis or emergency):

Name of the Station: _____

Phone: _____

Address: _____

Local Emergency Room (used in rare occasions when safety concerns are present):

Name of Hospital: _____

Phone: _____

Address: _____

By signing below, you give Kristen Tyler, PsyD, permission to communicate with your emergency contact and/or the local police authorities if there is a psychiatric or medical emergency.

Client Signature

Date

Client Written Name

Date

Therapist Signature

Date