

**EMERGENCY CONTACT**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Client: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I hereby give consent and authorize (therapist name) \_\_\_\_\_

to release\_\_\_ or exchange X information to: **(list emergency contact name and phone here)**

Specific TYPE OF INFORMATION to be disclosed is limited to emergency situations and rescheduling information.

This authorization will remain in effect for one year or until termination of treatment, whichever occurs first.

The specific PURPOSE AND NEED for such disclosure would be in the case of emergency or to reschedule or change and appointment when client is not available.

I understand that my records are protected under the Federal and State law and cannot be disclosed without my written consent unless otherwise provided by law. I further understand that the specific type of information to be disclosed may, if applicable, include: diagnosis, prognosis, and treatment for physical, mental and/or emotional illness, including treatment of psychiatric, alcohol or chemical dependency for any admission; diagnosis, prognosis, testing for and/or treatment for HIV infection, Acquired Immunodeficiency Syndrome (AIDS) or Acquired Immunodeficiency Syndrome Related Complex (ARC).

I understand that this consent may be revoked at any time by submitting a written and dated notice of revocation to the agency releasing this information. (Unless release of information has taken place.)

**X** \_\_\_\_\_  
Client (or personal representative)  
(please state relationship to client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (can be clinician)

\_\_\_\_\_  
Date

*Further release of information disclosed by the above authorization is prohibited by the Michigan Mental Health Code and the Federal regulations governing disclosure of Substance Abuse records. This means that the release of information may not be copied, shared or released except as consistent with the authorization purpose stated above and any such re-disclosure by the recipient of your information is no longer protected by the HIPAA Privacy Rule. This release is in compliance with Title 42 of the Code of Federal Regulations, Part II which also prohibits re-disclosure.*