

AUTHORIZATION OF DISCLOSURE
IN CASE OF EMERGENCY

In the case of emergency I, _____, hereby authorize and instruct Leigh Church to notify the following person(s) in case of an emergency. I also authorize them to contact the following person(s) in the event that they cannot reach me through the contact information provided by me:

Name	Name
Relationship	Relationship
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon. If not previously revoked, this consent will terminate upon the termination treatment.

Disclosure of client information in a manner not authorized by 42 CFR part 2 is a federal criminal offence punishable by law.

Client Signature	Date
Last 4 Digits SS# _____	

By checking the box I agree that the signature I have entered above will be the electronic representation of my signature and initials for all purposes when I use them on documents, including legally binding contracts - just the same as a pen-and-paper signature.