

**Authorization for Release of Information
for Emergency Contact**

I, _____, hereby grant permission to
Beth Salvi-Hudgins to:

_____ receive from: _____
(name of emergency contact)

_____ release to: _____
(name of emergency contact)

The purpose of this disclosure is safety.

Contact Information:

Name of Contact: _____

Home Phone: _____

Cell Phone: _____

Relationship to Client: _____

I may revoke this consent at any time. Revocation does not pertain to previously made disclosures. I understand that I must provide at least one emergency contact in order to participate in DBT Skills class.

Signature: _____

Date: _____

Legal Guardian: _____
(if under 18 years old)

Date: _____

Witness: _____

Date: _____