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Consent for Emergency Contact When Using Telepsychology

I understand that I have agreed to the use of Telepsychology with Dr. Gordon, and I agree to provide an Emergency Contact Person to whom Dr. Gordon may reach out to in the case of an emergency during a therapy session held remotely. An emergency would occur when Dr. Gordon is concerned about my safety or someone else's. Dr. Gordon will use her best judgement and will likely inform me at the time that she plans to contact my Emergency Contact, but she also may not. By my providing the name and phone number of this support person, I acknowledge that Dr. Gordon has my permission to contact that person on my behalf.

Name of Emergency Contact:

Relation:

Contact Phone Number:

Signature of Client and Date

Signature of Clinician and Date