LAUREL HELPING HANDS
422 Montgomery Street. Laurel, Maryland 20707
Phone: (240) 294-1304 Fax: (301) 617-2869
Email: LHH@laurel.md.us Website: http://www.cityoflaurel.org

Authorization for Emergency Procedures during Teletherapy
(Must be completed before services commence)

Client(s) Name(s): ____ DOB: ___________________
Address: ____ Phone #: ________________

Emergency Information

Name of Contact Person: _____________________________________ Relationship to client: _________
Address: ____ Phone #: ______________

Name of nearest Hospital Emergency Room: ___________________________________
Address: ____ Phone #: _______________

Local phone number of Police Department: ____

Other medical information that should be communicated to emergency personnel: _______________________
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Other relevant information/instructions: ____
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I understand that if in the course of a Teletherapy session my Laurel Helping Hands counselor is concerned about my wellbeing and safety (or the wellbeing and safety of others) my counselor will reach out to my Emergency Contact/local Police Department, or the nearest emergency room, as necessary.

Signed: __________________________________ Date: _________________________
(Client/Parent or Representative)

Name: ___________________________________
(Parent or Representative)