

Marie Ragona
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Client Emergency Contact

In case of an emergency, I agree to allow Marie Ragona to call my emergency contact and leave a message in cases when the emergency contact cannot be reached. I understand that Marie Ragona will maintain confidentiality to the best of their ability and give my permission for them to:

(Please initial both)

_____ Share the nature of our relationship and any other information they deem pertinent to the situation.

_____ Share any information they deem pertinent with any medical personnel, in case of a medical emergency.

Client Name _____ **Date** _____

Client Signature _____

Client Phone Number _____

Client Email _____

Emergency Contact _____

Relationship to Patient _____

Cell Phone _____

Alternate Phone _____

Address _____
