[The Washington Center For Cognitive Therapy](https://washingtoncenterforcognitivetherapy.com/) Vincent Greenwood, Ph.D., Director

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CONSENT TO COMMUNICATE WITH EMERGENCY CONTACT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Dr. Vincent Greenwood permission to

(Print Name)

contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone number). (Email address)

In any situation he deems an emergency.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_