

Marna S. Reed M.A., L.P.
4825 Highway 55 Golden Valley, MN 55422 763-546-6718

Ms. Reed's Emergency Contacts

In the event that Ms. Reed becomes unavailable, or unable to contact you, she has made arrangements with the following therapists to contact you in her stead. Please review these individuals, and if there is anyone that you are uncomfortable with, please cross out their name.

Name _____

Name _____

Address (in the event we cannot reach you by phone) _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

I agree that in the event Ms. Reed cannot reach me, the following therapists may contact me regarding any upcoming sessions that need to be cancelled. I understand that none of these individuals will have access to my records, and that this document will be filed separately from my own personal file.

Signature

Date

Signature

Date

If you do not wish one or more of these individuals to contact you, please cross out their name(s).

Jane Harris MA, LP
Gail Asher MA, LP
Daniel Flynn LICSW