

Nahal Delpassand, PsyD, PLLC
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RELEASE OF INFORMATION IN THE CASE OF EMERGENCY

In the event of the unexpected illness or death of myself or a family member that prevents me from fulfilling my professional duties towards my clients, I have arranged for, my colleague, Melinda Longtain PhD to assume the responsibility for managing my practice obligations.

The following release of information is required by HIPAA, and authorizes Dr. Longtain to contact you in an emergency situation. The release will be kept separately from your therapy file.

I, _____,
date of birth: _____

hereby authorize Melinda Longtain PhD to contact me in the event of an emergency situation concerning Nahal Delpassand, PsyD. The purpose of the contact shall be limited to my professional therapy relationship with Dr. Delpassand, including changes to my scheduled appointments, ending of appointments, receiving copies of my records and assisting with continuity of care.

I can be reached at:

Cell: _____
Work: _____
Home: _____

In the event that I cannot be reached at any of the above numbers, a person who could be notified to convey this information to me is:

Name: _____
Phone number: _____
Relationship to me: _____

Signed: _____
Date: _____