

Emergency Notification Agreement

Please initial next to each item to indicate you have read and understand the information.

In case of a Mental Health emergency-specifically if I feel I may harm myself or someone else:

_____ I will call Sheri Rezak-Irons, LCSW (314)304-3292, push #5 to leave my phone number (this will flag the message), then leave a voice message when prompted to do so.

_____ If I do not hear back from Sheri Rezak-Irons, LCSW, immediately I will call 911, go to the nearest emergency room, call Life Crisis Services at (314)647-4357, or call BHR at (314)469-6644.

_____ I understand that if I flag a message urgent for reasons other than stated above I will be charged for psychotherapy services.

I _____, agree and understand the above procedures.

Signature

Date