



**'Transforming loss...
into living again with
faith, hope, and love'**

Deb Lee Gould, MEd
Grief Consultant
Grief Support for Bereaved Parents & Families
and other Loved Ones

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Release of Information/Emergency Contact Form

I, _____, birthdate _____

Phone _____] give my consent to Deb Lee Gould, MEd,

to Contact and/or Release my personal information to

Name: _____ Relationship: _____

Address: _____

Phone _____ Email _____

in case of an emergency and/or to consult with in regard to my grief sessions
or other pertinent issues. Additional names/phone – add to bottom of form.

●●● I have also read the Terms and Conditions on the Grief Intake Form
and understand Deb Lee Gould, MEd, will contact a third party in an emergency if,
for example, she believes I may hurt myself or someone else ●●●
By signing this form below, I acknowledge that I am at least 18 years old,
that all the information is accurate, that I fully understand the purpose of this
Emergency/Release Form and that Deb Lee Gould is working as a Grief
Support resource only, and not as a mental health therapist.

Release expires on: _____ 60 days from today ___ Upon Client request ___
[Client request to revoke Release must be in writing and dated]

If you choose to Add More Contact Names & Phone:

Sign:

Date :

I understand this is an online typed signature _____

I will re-sign if I have a face-to-face session _____

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*****Please SAVE 1st as a pdf, then you can either email me the pdf or Print and Fax to me or
bring to your appointment. If you are unable to email or print this form, please arrive a
few minutes before your appt to complete it in my office. Thank you.*****