

CHERRY CREEK PSYCHOTHERAPY, LLC
PATRICK THOMAS COLE, MSW, LCSW

1660 SOUTH ALBION STREET, SUITE 1025
DENVER, COLORADO 80222
PH: (303) 909-9054

CLIENT DEMOGRAPHIC AND EMERGENCY CONTACT INFORMATION

CLIENT NAME: _____

DATE OF BIRTH _____

RESIDENTIAL/PHYSICAL ADDRESS:

CELL PHONE: _____

EMAIL: _____

PRIMARY EMERGENCY CONTACT INFORMATION (PLEASE INCLUDE NAME, RELATIONSHIP,
AND PHONE NUMBER):

HAVING BEEN PROVIDED A COPY OF MY RIGHTS TO PRIVACY UNDER HIPPA AND AN
EXPLANATION OF LIMITS UPON CONFIDENTIALITY IN PSYCHOTHERAPY, I GIVE CHERRY
CREEK PSYCHOTHERAPY, LLC AND PATRICK T. COLE, MSW, LCSW PERMISSION TO
CONTACT MY PRIMARY EMERGENCY CONTACT IN CASE OF MEDICAL/PHYSICAL HEALTH
OR MENTAL HEALTH EMERGENCY (DEFINED AS CONCERN FOR CLIENT BEING A DANGER
TO SELF, OTHERS, OR GRAVELY DISABLED).

PRINTED NAME

RELATIONSHIP TO CLIENT

CLIENT OR RESPONSIBLE PARTY SIGNATURE

DATE