**New Horizons Mental Health Services**

**230 N. Columbus St. Suite 2**

**Lancaster, OH 43130**

**Contact Information**

Client Name Date of Birth

**In case of an emergency or if we are unable to reach you, New Horizons Staff may contact the following:**

[ ]  Client/Guardian declines to provide emergency contact or there is not one available-Staff Initials\_\_\_\_\_\_\_

Relationship to Client

Name

Street

City\_ State Zip

Phone

**Is there anyone else we may call?** [ ]  Yes [ ]  No

(For example: your employer, family member, neighbor, friend, pastor, etc.)

Relationship to Client

Name

Street

City\_ State Zip

Phone

**Is there someone who can call in on your behalf?** [ ]  Yes [ ]  No

(For example: spouse, partner, adult child, etc.)

Relationship to Client

Name

Street

City\_ State Zip

Phone

New Horizons will not release any clinical information to these contacts. Discussing clinical information requires a signed release of information. Your clinical information is strictly confidential.