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## TELEPSYCHOLOGY EMERGENCY AUTHORIZATION

**\*\*YOUR CONTACT PERSON MUST BE LOCAL\*\***

I, \_\_\_\_\_, authorize Jean A. Leahy, Psy.D. to  
call/contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

If she deems it an emergency or crisis and I am at risk.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Jean A. Leahy, Psy.D.**

\_\_\_\_\_  
Date