

# Acknowledgment Waiver and Emergency Contact Information

I have reviewed the following information provided to me or from the website, <http://www.malecherringandkrause.com> and understand what I have read.

\_\_\_\_\_ Client Information

\_\_\_\_\_ Notice of Privacy Practices

\_\_\_\_\_ Managed Care

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date)

## Emergency Contact Information

In the rare event of an emergency, I may need to contact someone close to you – a relative, spouse, or close friend. Please indicate your chosen contact person below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_