



COUNSELLING EMERGENCY CONTACT CONSENT FORM

Counselling Practice: _____

Counsellor/Therapist: _____

1. CLIENT DETAILS

Client full name: _____

Preferred name: _____

Date of birth: _____

Telephone: _____

2. EMERGENCY CONTACT DETAILS

Emergency contact name: _____

Relationship to you: _____

Telephone: _____

Alternative telephone: _____

Email (if appropriate): _____

3. PURPOSE OF AN EMERGENCY CONTACT

I understand that my emergency contact's details are being held so that my counsellor has an appropriate person to contact if a significant concern or emergency arises during the course of counselling.

Providing an emergency contact does **not** mean that this person will routinely be informed about my counselling, attendance, therapeutic work or personal information.

My counselling remains confidential, subject to the confidentiality and safeguarding arrangements explained within my Counselling Agreement and Privacy Notice.

4. MY CONSENT

I consent to my counsellor securely holding the emergency contact details provided on this form.

☐ Yes ☐ No

I give permission for my emergency contact to be contacted where my counsellor reasonably believes this is necessary because of a significant concern about my immediate safety or wellbeing.

☐ Yes ☐ No

Where circumstances allow, I would like my counsellor to discuss contacting my emergency contact with me beforehand.

☐ Yes ☐ No

5. WHEN MY EMERGENCY CONTACT MAY BE CONTACTED

Depending upon the circumstances and professional judgement of the counsellor, contact may be considered where there is a serious concern regarding my immediate safety or welfare, including:

- ☐ A medical emergency occurring during a counselling session
- ☐ A serious and immediate concern about my safety
- ☐ A situation in which I become unable to communicate or seek appropriate assistance myself
- ☐ A significant risk of serious harm requiring urgent support
- ☐ Another exceptional circumstance in which contacting the nominated person is considered necessary to support my immediate safety

6. INFORMATION THAT MAY BE SHARED

I understand that being named as my emergency contact does not give that person access to my counselling records.

If my counsellor needs to contact my emergency contact, only information considered **relevant and necessary for the particular situation** will normally be disclosed.

Where appropriate, my counsellor will seek to preserve my privacy and confidentiality while responding to the safety concern.

7. LIMITS OF THIS CONSENT

I understand that an emergency contact is **not a substitute for emergency, medical, safeguarding or crisis services**.



There may be exceptional circumstances in which my counsellor needs to contact emergency services, safeguarding services, my GP or another appropriate professional rather than—or in addition to—my nominated emergency contact.

Where reasonably possible and safe to do so, this will be discussed with me.

8. ONLINE & TELEPHONE COUNSELLING

For online or telephone counselling, I understand that my counsellor may ask me to confirm my **current location at the beginning of a session where clinically appropriate**, particularly if there are concerns about my safety.

This is so that appropriate assistance can be sought if a serious emergency occurs and I am unable to do so myself.

9. CHANGING OR WITHDRAWING CONSENT

I understand that I can change my emergency contact or withdraw my consent for routine use of these details at any time by informing my counsellor.

New or updated emergency contact details should be provided as soon as reasonably possible.

I understand that withdrawing this consent does not necessarily prevent my counsellor from taking other proportionate action where there is an overriding safeguarding, legal, ethical or serious-risk concern.

10. CLIENT DECLARATION

I confirm that:

- ☐ I have provided the emergency contact details voluntarily.
- ☐ To the best of my knowledge, the information provided is accurate.
- ☐ I understand why these details are being collected.
- ☐ I understand the circumstances in which my emergency contact may be contacted.
- ☐ I understand that my emergency contact will not routinely receive information about my counselling.
- ☐ I have had the opportunity to ask questions about this consent.

Client name: _____

Client signature: _____

Date: _____



Counsellor name: _____

Counsellor signature: _____

Date: _____

COUNSELLOR USE

Emergency contact details verified/reviewed: ☐ Yes

Date last reviewed: _____

Changes: _____

Next review date (if applicable): _____