



**'Transforming loss...  
into living again with  
faith, hope, and love'**

Deb Lee Gould, MEd  
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*Grief Support for Bereaved Parents & Families  
and other Loved Ones*

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**Release of Information/Emergency Contact Form**

I, \_\_\_\_\_ [birthdate \_\_\_\_\_ ]

Phone \_\_\_\_\_ give my consent to Deb Lee Gould, MEd,

to Contact and/or Release my personal information to:

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

in case of an emergency and/or to consult with in regard to my grief sessions or other pertinent issues. Additional names/phone – add to bottom of form, initial and date.

●●● I have also read the Terms and Conditions on the Grief Intake Form and understand Deb Lee Gould, MEd, will contact a third party in an emergency if, for example, she believes I may hurt myself or someone else ●●●

By signing this form below, I acknowledge that I am at least 18 years old, that all the information is accurate, that I fully understand the purpose of this Emergency/Release Form and that Deb Lee Gould is working as a Grief Support resource only, and **not** as a licensed mental health therapist.

Release expires on: \_\_\_\_\_ 60 days from today \_\_\_\_\_ Upon Client request  
[Client request to revoke Release must be in writing and sent to Deb, signed, dated]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Be aware this might be an online 'signature']

DLG Signature: \_\_\_\_\_ Date: \_\_\_\_\_