

ADULT ENROLLMENT & EMERGENCY CONTACT FORM

This contract is to *(check one)* Enroll Renew Enrollment for HSDC services for:

Client's Name _____ Date of Birth: _____

Deaf Hearing Hard of Hearing Other Language(s): _____

EMERGENCY CONTACT PERSON

Person who will be nearby or most reachable in the event of an emergency.

Name _____ Relation to Client _____

Deaf Hearing Hard of Hearing Other Language(s) _____

Home Phone _____ (please check) Voice TTY Videophone

Work Phone _____ (please check) Voice TTY Videophone

Cell Phone _____ (please check) Voice Text

Home Address _____ Email Address _____

Is it OK to leave voicemail containing confidential healthcare information with the numbers provided? Yes No

PHOTO/PUBLICATIONS RELEASE (OPTIONAL)

I give HSDC or its legal representatives the absolute right and permission to include my child's name in articles, and to copyright and/or publish photographic portraits, pictures, or video of my child, and to use my child's photo in conjunction with a fictitious name for art, health, education, marketing, or any other lawful purpose. I waive my right to inspect and/or approve the finished product or the use to which it may be applied. I release, discharge, and agree to hold harmless HSDC or its legal representatives from any liability by virtue of any blurring, alteration, optical illusion, or use in composite form whether intention or otherwise, that may occur or be produced in the taking of said pictures or any processing tending towards the completion of the product.

Client Name _____ Client Signature _____

HSDC is a teaching facility. Students may observe, participate in, or administer treatment plans developed by your licensed clinician. If you have concerns, please consult the director.