Decatur Psychological Associates, P.C.
3040 N. University Ave. Suite 2
Decatur, IL 62526
phone: 217.872.1700
fax: 217.872.1366
www.decaturpsych.com

CONTACT INFORMATION FORM

I authorize Decatur Psychological Associates, P.C. to verbally discuss my ***insurance or appointment schedule with the individuals listed*** *below.*

Name	Relationship

I authorize Decatur Psychological Associates, P.C. to contact the person listed below in case of an emergency.

_____ _____ _____

Name *Phone number* *Relationship*

I further agree that a photocopy of this agreement shall be as valid as the original.

_____ _____ _____

Signature of Patient (or Guardian) *Initials* *Date*

_____ _____ _____

Signature of Patient (age 12-17) *Initials* *Date*

11/9/2016