



JANE LEGWOLD, LLC

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IN EVENT OF UNEXPECTED ABSENCE

I, _____, give permission to Laura Tripet Dodge, MS, LP or someone she assigns to contact me in the event of an unexpected absence by Jane Legwold. I understand that they would look into my file to find this page to obtain the information to contact me. I understand that they will not reveal the circumstances of Jane's absence, but will assist me, if needed, to find either a temporary or a new therapist, depending on the circumstances. I understand that they will be responsible for the handling of Jane's records.

Printed Name _____

Signature _____

Date _____

E-mail _____

Address _____

Phone _____

Additional notes: _____
