Stone Creek Counseling and Consulting, PLLC and

Dr. Brian Martin,

LMFT-S, LSOTP, CSAT, EMDR II

(940) 465-3855

**Professional Contingency Plan - Transfer of Records**

In the case of my own death or incapacity, I have arranged for another mental health provider to take possession of my client records. In this event, you may contact Laney Knowlton, MFT for information concerning how to request a copy of your record be transferred to another mental health professional of your choosing.

I have read this document carefully and understand the policy contained herein. Any questions I had were discussed and answered to my satisfaction. I agree to comply with the policies stated. I understand that, should I require services when my therapist is on vacation, this form will act as consent to treatment for the covering professional under terms consistent with the Informed Consent document already on file. I have been furnished a copy of this statement.

Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If client under 18 years of age)

Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laney Knowlton, MFT (Tx lic# 202337)

(682) 216-6523

Updated: 4/10/20