



Center for Psychological Services  
10340 Democracy Lane, Suite 202, Fairfax, Virginia 22030  
Phone: 703-993-1370; Fax: 703-352-0035; Web: psyclinic.gmu.edu

### Emergency Contacts

I, \_\_\_\_\_, give the GMU Center for Psychological Services (GMU CPS) permission to contact the people listed below in case of a medical emergency.

- 1. Name of Contact: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_
  
- 2. Name of Contact: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

Client Signature (or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### Weapons/Information

I, \_\_\_\_\_, understand that weapons of any type are not permitted in the GMU Center for Psychological Services (GMU CPS) and understand that, if found with a weapon in my possession, I will be asked to leave the CPS immediately. I may be permitted to return once the weapon is secured elsewhere.

I understand that if I am determined to be intoxicated or under the influence of any substance by my therapist/examiner during my scheduled appointment, I may be refused treatment for that session and may jeopardize continued services at the GMU CPS. By signing below, I agree that I will secure proper transportation to a safe location if I am refused treatment for this reason. If I cannot do so, I will notify my therapist/examiner so that he/she can help me make arrangements.

Client Signature (or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### Child Supervision

I, \_\_\_\_\_, understand that the GMU Center for Psychological Services is not able to provide supervision for children left unaccompanied in the waiting room or in treatment rooms. I attest that I am responsible for my child’s behavior and safety, while they are at the GMU CPS, and of any minor child who accompanies me.

Client Signature (or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_