



# Barrington Behavioral Health Services, LLC

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Barrington, RI 02806  
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## Contact Information Update

Please complete this form and return to our office (email [feiloppenheimer@gmail.com](mailto:feiloppenheimer@gmail.com) or fax 401-245-1240). Thank you.

Name:

Representing  Myself or  Parent or Guardian of:

Current Address:

Phone Number:

Email:

I give permission to Barrington Behavioral Health Services to contact me at the above phone and/or email to regarding scheduling my appointments.

Primary Care Physician:

Name:

Address:

Phone:

Email:

I give permission to Barrington Behavioral Health Services to contact my primary care physician at the above phone and/or email to regarding my care.

Identified Emergency Contact (person other than you whom we can contact if we are unable to reach you):

Name:

Relationship:

Contacts Address:

Phone:

Email:

I give permission for Barrington Behavioral Health Services to communicate with my Identified Emergency Contact if they are unable to contact me regarding appointments and scheduling, or if they have immediate concerns about my safety.

Nearest Emergency Room: In the case of emergency I have identified that:

Name:

Address:

Phone:

is my preference for emergency room care if I should require it.

Additional Crisis Lines you can call if you are unable to reach us:

- BHLINK: 401-414-5465
- Gateway Healthcare Emergency Services: 401-553-1031
- Bradley Hospital Kid's Link: 855-543-5465

Signature:

Date: