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[www.healthandpsychiatry.com](http://www.healthandpsychiatry.com)

## Employee Emergency Contacts

### Employee Information

Employee Name: final test

Phone Number:

Address:

City, State, Zip:

### Emergency Contacts

Primary Contact  
Name:

Relationship:

Phone Number:

Alt. Phone Number:

Secondary Contact  
Name:

Relationship:

Phone Number:

Alt. Phone Number:

### Physician Contacts

Doctor's Name:

Phone Number:

Address:

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# Anti-Harassment and Discrimination Policy

**Employee Authorization:** I have voluntarily provided the above contact information and authorize Health and Psychiatry Consultants, LLC and its representatives to contact any of the above individuals on my behalf in case of an emergency.

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Signature Image

**Date Signed:** 2024-05-13

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