*Sample Template #3 – Employee Contact List*

**Emergency Contact List of Employees**

(Business Partners and Patients not included)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position & Name** | **Call Preference****(circle one)** | **Home Phone** | **Cell Phone** | **Other** | **Email** |
| Billing Staff (Name) | Home Cell Other |  |  |  |  |
| Clinical Staff(Name) | Home Cell Other |  |  |  |  |
| Clinical Staff(Name) | Home Cell Other |  |  |  |  |
| Clinical Staff(Name) | Home Cell Other |  |  |  |  |
| Clinical Staff(Name) | Home Cell Other |  |  |  |  |
| Finance Director (Name) | Home Cell Other |  |  |  |  |
| Front Office Staff (Name) | Home Cell Other |  |  |  |  |
| Front Office Staff (Name) | Home Cell Other |  |  |  |  |
| Front Office Staff (Name) | Home Cell Other |  |  |  |  |
| HR Director (Name) | Home Cell Other |  |  |  |  |
| Medical Director (Name) | Home Cell Other |  |  |  |  |
| Office Manager (Name) | Home Cell Other |  |  |  |  |
| Operations Manager (Name) | Home Cell Other |  |  |  |  |
| Physician (Name) | Home Cell Other |  |  |  |  |
| Physician (Name) | Home Cell Other |  |  |  |  |
| Physician (Name) | Home Cell Other |  |  |  |  |
| Physician (Name) | Home Cell Other |  |  |  |  |
| Physician (Name) | Home Cell Other |  |  |  |  |

Date Last Updated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_