

TELEHEALTH EMERGENCY PLAN

While receiving behavioral health services remotely (telehealth) is convenient, it also has limitations and risks. The therapist's ability to respond to a medical or psychiatric emergency may be impacted. Please complete this form to help inform your therapist's creation of an emergency plan to help reduce some of those risks.

Your name: _____

Address where your telehealth occurs: _____

Telephone number where your telehealth occurs: _____

Alternate phone number: _____

Therapist's location: _____ Telephone number: _____

A support person is someone who knows you are receiving therapy and is accessible to you (nearby and willing to help) during your telehealth session. This support person could help in case of emergency. Sign this form to allow your therapist to contact this person.

Support person name: _____

Support person telephone number: _____

I give my consent for my therapist to contact my support person. I understand this means my therapist may disclose private and confidential information. (Initial) _____

In case of a behavioral/medical emergency, the therapist will attempt to contact emergency services in your local area. Emergencies might include expressing intent to harm yourself or another person, a medical emergency, or any other condition requiring medical or psychiatric attention.

The therapist will try to maintain communication with you while he/she calls for help. This might mean paramedics, mental health professionals, or local police will come to your home to make sure you are safe and well. If appropriate, the therapist will also contact your support person.

In case of a technological videoconferencing failure, the therapist will contact you using the telephone. In case of telephone failure (and without safety concern), the therapist will use secure text messaging, email, or another agreed-upon communication platform.

Client signature: _____ Date: _____

Printed name: _____