



TELETHERAPY EMERGENCY PLAN

Remotely receiving behavioral health services has advantages (i.e., helping clients access care unavailable locally), but also has limitations and risks. The therapist's ability to respond to a medical or psychiatric emergency may be impacted. Your therapist will create a plan for emergency management to mitigate some of these risks.

Please complete the below information to help inform your therapist regarding where care will occur, as well as who may be available to help in case of emergency.

Client Name: _____

Address where care occurs: _____

Telephone number where care occurs: _____

Alternate telephone number: _____

Telephone number for local emergency services: _____

Provide the name of a support person is aware that you are in therapy. This person needs to be easily accessible to you (nearby, willing to help) during your videoconferencing therapy session. You are not required to identify a support person, but this individual could help in case of emergency. You will need to sign a Release of Information to allow your therapist to contact this person. This is highly recommended and encouraged.

Support Person Name: _____

Support Person Telephone Number: _____

I give my consent for my therapist to contact my support person. I understand that this means that my therapist may disclose private and confidential information in doing so.

_____ (Initial)

WHAT TO EXPECT IN AN EMERGENCY:

In case of a behavioral/medical emergency, the therapist will attempt to contact emergency services in your local area. Examples of emergencies include: a client communicating with the intent to harm self or other, a medical emergency, or any other condition requiring immediate



medical or psychiatric attention. The therapist will try to maintain communication with you while they call emergency services. Emergency services include, but are not limited to: the paramedics, mental health professionals, crisis centers/teams, and/or local police. These emergency services are expected to come to your location to assess your level of safety and provide you with other resources deemed appropriate for the situation. If appropriate, the therapist will also contact your support person.

In case of videoconferencing failure, the therapist will contact the client using the telephone to ensure safety. In case of telephone failure (and without a present safety concern), the therapist would use secure messaging, secure email, or another agreed upon communication format. If an emergency is suspected, the therapist will contact the identified support person and/or emergency services.

Client/Guardian Signature: _____

Date: _____

By typing my name, and checking this box, I confirm that I am authorizing this form.

Printed Name: _____