

Telemental Health Emergency Response Plan

Telemental health refers to the provision of counseling services using technology while the counselor is in one place and the client is in a different place. All content shared in the counseling relationship is confidential with a few exceptions as noted in my main Professional Disclosure Statement. This plan will be used in the case that if you are in immediate danger to yourself or others. Only the minimum information required to ensure safety will be shared.

Client's permanent address:

Client's phone number:

Client's current location:

1. In the event of a crisis, the client's current location will be confirmed and the emergency contact(s) listed below will be called. If the emergency contact is not available, emergency services will be called.

Emergency Contact Name:

Emergency Contact Phone Number:

Emergency Contact Address:

Emergency Contact Name:

Emergency Contact Phone Number:

Emergency Contact Address:

2. If the emergency contact is not able to resolve the crisis, mobile crisis will be called to your house to assess and support:

Daylight Recovery Services

800-585-9988

3. Alternatively, the emergency contact can escort you to the Local Urgent Care:

FastMed Urgent Care

5000 N Stratford Rd, Salem, OH 44460

(330) 714-5399

4. Additional Information

Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. ___Feelings of intense guilt_____
2. ___Daydreaming about morbid subjects_____
3. _____

Internal coping strategies – Things I can do to take my mind off my problems:

1. ___Writing_____

2. _____ Exercise _____
3. _____ Watching the birds _____
4. _____

Social settings that provide distraction:

1. Coffee Shop
2. Park

People who I can ask for help:

1. _____ Sister Stephanie _____
2. _____ Friend Charlotte _____
3. Suicide Prevention Lifeline: 1-800-273-TALK (8255)

I agree to the plan outlined above and give my consent for the emergency contacts listed in section 1 of this document to be called in the case of an emergency.

Agreement

This policy is intended as a supplement to my standard Professional Disclosure Statement and does not change or negate any of the terms of that agreement. Your signature below indicates agreement with this policy.

Client

Date

Counselor

Date