**Counseling and Psychological Services of the Upstate**

**402 Pendleton Rd. #4**

**Clemson, SC 29631**

**864-633-0210**

In Case of an Emergency – Telehealth

*\* indicates a required field*

Top of Form

If you have a life-threatening mental health emergency, do not to wait for communication back from me, but do one or more of the following:

Call 911

Go to the emergency room of your choice

Call Lifeline at (800) 273-8255 (National Crisis Line)

Text “start” to 741-741

Emergency procedures specific to Telehealth services

Code Word for Emergency Situation during Telehealth Session (i.e.: perpetrator comes home):

***‘red car’***

Code Word for Interruption of Telehealth Session (i.e.: potential breach of privacy or confidentiality):

***‘yellow car’***

There are additional procedures that we need to have in place specific to Telehealth services. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and Telehealth services are not appropriate.   
I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please enter this person's name and contact information below.

Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if you, your ECP, or I determine it necessary due to an imminent risk of harm, you understand hospitalization may be in your best interest. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

Please list your Emergency Contact Person (ECP) here:

\* Name:

\* Phone:

You agree to inform me of the physical address where you are located at the beginning of each session. You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency.

Please list this hospital and contact number here:

\* Hospital:

Phone:

You agree to inform me of the nearest police department to your primary location that you prefer to go to in the event of an emergency.

Please list this police department and contact number here:

\* Police Department:

Phone:

By signing this form, I certify:

* I have read this agreement and agree to its term.
* I fully understand its contents including the risks and benefits of the procedure(s).
* I have been given ample opportunity to ask questions and that any questions have been

answered to my satisfaction.

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Printed Name of Client Client Date of Birth

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Signature of Client Date