

Telehealth Forms

Emergency Plan:

- If there is no fear of harm to patient or another person, the patient/family is asked to write down information to be discussed at the next session. Should more immediate responses be required, the patient/family may call or email the provider. Depending on the nature of the information, the provider may require either a brief phone meeting, or an additional session to manage situations. If the provider deems email appropriate, an encrypted email client will be used.
- If there appears to be a possibility of harm to the patient or to another person, the patient/family is to immediately go to the local medical center/emergency room listed on this form. They are asked to contact the provider after safety has been ensured. If the patient/family is closer to another medical center than what is listed, they are to go to that location. Following stabilization and discharge, the patient/family is to provide the provider with an indication of what led to the need for a hospital visit, details of the hospital stay (e.g., medications, diagnoses, treatment summary), and both emotional and behavioral status post-discharge.
- Note: At any time, the provider can decide that telehealth services are no longer appropriate and as such, may be terminated. If such an event occurs, the provider will provide alternative referral options should face-to-face treatment not be possible.

Patient Printed Name: _____

Patient Signature: _____

Parent/Legal Guardian Printed Name:

Parent/Legal Guardian Signature: _____

Provider Printed Name: _____

Provider Signature: _____