Catholic Charities Counseling

Tele-behavioral Health Safety Plan

If in the event video conferencing fails during the session the following steps should be taken:

1. If video connection fails, my therapist will contact the phone located in the office where the session takes place.
2. If in the event the phone lines are down, I have provided my therapist with a working telephone number where the therapist can contact me.
3. If in the event a building emergency alarm sounds, I will follow the evacuation plan.
4. If in the event there is an emergency during the session, my therapist and/or technician has my permission to contact the emergency contacts, physician or local hospital on my behalf.

Additional items (if needed):

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Signature of Client: ___________________________ Date: ___________________________
(or person authorized to sign for client)

Authorized signer, relationship to client: ___________________________

Therapist Signature: ___________________________ Date: ___________________________