

# Christine R Copeland PhD



140 N Stromberg Avenue  
Port Townsend, WA 98368-2616  
P: 360-774-0452  
f: 360-344-2771

Tax ID 91-1217702  
NPI 1972726529  
License PY00001233  
email: tccopeland@live.com

## TELEMENTAL HEALTH EMERGENCY PLAN

Receiving behavioral health services remotely possesses advantages (i.e., helping clients access care unavailable locally), but also possesses limitations and risks. The provider's ability to respond to a medical or psychiatric emergency may be impacted. Your provider will create a plan for emergency management in an effort to mitigate some of these risks. Please complete the below information to help inform your provider regarding where care will occur, as well as who may be available to help in case of emergency.

Your Name: \_\_\_\_\_

Address Where Care Occurs: \_\_\_\_\_

Telephone Number Where Care Occurs: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Provider Location: 140 Stromberg Ave, Port Townsend, WA 98368 Telephone Number: 360-774-0452

*A support person is someone who is aware that you are in therapy. This person is 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 provider to contact this person.*

Support Person Name: \_\_\_\_\_

Support Person Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
(Initial)

### What to Expect in an Emergency:

In case of behavioral/medical emergency, the provider will attempt to contact onsite emergency staff or emergency services in your local area. Examples of emergencies could include a client communicating intent to harm himself or another, a medical emergency, or any other condition requiring medical or psychiatric attention. The provider will try to keep communication with you, while they call for help. This may mean that the paramedics, mental health professionals or local police would come to your home to ensure that you are well. If appropriate, the provider will also contact your support person.

In case of videoconferencing failure, the provider will contact the client using the telephone. In case of telephone failure (and without safety concern), the provider would use secure messaging, secure email, or another agreed upon communication format.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### Office Only:

ROI signed for Support Person: \_\_\_\_\_

Patient apprised of plan: \_\_\_\_\_

Date: \_\_\_\_\_

