

THERAPY STUDIOS

create a life you love

TELEHEALTH SERVICES DISCONNECTION/CRISIS PLAN

The phone number I would like to be called in the event that internet makes connection impossible:

The physical location (address) I will be attending my telehealth session:
[THIS MUST BE WITHIN THE STATE LINES OF SOUTH CAROLINA]

Please provide information about the emergency room that is closest to you/covered by your health insurance (if applicable)/is your preferred emergency treatment provider in the event a crisis situation develops during your session:

Please provide the name and contact information for the person you want contacted in the event a crisis situation develops during your session:

- The above information is true for all future telehealth sessions
- The above information changes depending on the date/time of a future session

In the event you become disconnected from your provider in session, your provider will attempt to reconnect with you a total of three times. If, after three attempts, reconnecting is unsuccessful, the remainder of your session will be terminated.

Client Name _____

Client Signature _____ Date _____