

Professional Psychological Associates
3745 Shawnee Road, Suite 105, Lima, OH 45806
419-999-2024 limatherapists.com

Telehealth Crisis & Emergency Contact & Release Form

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than traditional in-person therapy. To address the possible obstacles, we will create this crisis and emergency contact and release form together before engaging in telehealth.

Identification of crisis and emergency contacts:

Contact #1:

Name _____ Telephone _____

Address _____ City _____

State _____ ZIP _____

Contact #2:

Name _____ Telephone _____

Address _____ City _____

State _____ ZIP _____

Sheriff's Department Telephone _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

Hospital Name _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

Community Mental Health Center _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

This authorization will remain in effect for the entire duration of the telehealth therapy relationship or until withdrawn in writing. Information shared is only for use by the named therapist and may not be made available to others who request it secondarily. Information shared is to be used in strict accordance with professional confidentiality standards. This information has been disclosed to you from records protected under Federal Law. Federal Regulations (42 CRF Part 2) prohibit you from making disclosure of this information without specific written consent of the person to who pertains, or as otherwise permitted by such regulations.

Permission is hereby given to Professional Psychological Associates of 3745 Shawnee Road, Suite 105 of Lima, OH 45806 to make contact with the above stated person(s) or entities at a time of crisis or emergency.

Your signature below indicates understanding and agreement with the terms and conditions in this document.

(Client Signature)

(Date)

(Therapist Signature)

(Date)