



## Emergency Management Plan

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Primary Therapy Address: \_\_\_\_\_

Secondary Therapy Address: \_\_\_\_\_

In the event of service interruption in excess of 5 minutes, this client prefers to:

- Continue via smart phone (unsecured)       Continue via landline (unsecured)  
 Continue when service resumes       Discontinue session

Primary Support Person: \_\_\_\_\_

Secondary Support Person: \_\_\_\_\_

Local Law Enforcement Agency: \_\_\_\_\_

Local Hospital: \_\_\_\_\_

Distance counseling has limits to therapist intervention in the event a client experiences extreme emotion that may be harmful. Your Branches therapist will always put your safety first. This Emergency Management Plan is designed to ensure your preferences are considered in the event of service interruption during your therapy session.

If service is disconnected and your Branches therapist believes you need a support system in place, your agreement to the Notice of Privacy Practices authorizes your Branches therapist to contact your primary/secondary support person.

In the event your therapist becomes concerned about you harming yourself, or others, your Branches therapist must contact local authorities and may contact your primary/secondary support person as well.