## **Cluff Counseling PLLC**

2300 Rockbrook Dr. ■ Lewisville, TX 75067 ■ melissa@cluffcounseling.com

## **General and Telehealth Emergency Plan**

The following information will be used in case of an emergency. When we resume our office visits, we will discuss if any changes need to be made to this plan. Please complete the following questions, scan and resend to me at melissa@cluffcounseling.com.

In case of a videoconferencing failure I understand that	my therapist will contact me by phone.
Preferred Phone Number:	Alternate Phone Number:
I agree to inform my therapist of the address of my physession if different from the one listed below.	rsical location at the beginning of each
Yes, I agree N	No, I do not agree
Address of the location I intend to be for most of our te	lepsychology meetings at this time:
Name, address, and phone number of my closest Emerg	gency Room:
Support Person	
A support person is someone accessible to you (nearby individual could help in case of emergency. You will necontact this person if needed in such a situation.	
Support Person Name:	Relationship to you:
Phone Number(s) of Support Person:	
In case of emergency I give consent for Melissa Cluff to involve disclosure of private and confidential informatiYes, I consent	
Standard Emergency Plan If an urgent issue arises, feel free to attempt to reach m you cannot wait for me to return your call, call 911, go numbers:	
Dallas County (NTBHA): 833-251-7455	Denton County (MHMR): 800-762-0157
24/7 Crisis Hotline: 214-828-1000	Text "CONNECT" to 741741
By signing below, I am stating this information is corre allowing Melissa Cluff to reach out to my support perso	
Name/Signature	Date
Therapist	Date

www.cluff counseling.com