TRUST 2 BELIEVE | SOGOL PHILIPSON, LCSW

Telehealth Emergency Contact & Safety Plan

DRAFT — FOR CLINICIAN AND CALIFORNIA LEGAL/COMPLIANCE REVIEW

LCSW #66853 | 4199 Campus Drive, Suite 550, Irvine, CA 92612 | Telehealth only

Current location

Client full name: _____. Residential address: _____.
City/State/ZIP: _____. Preferred phone: _____.

Emergency contacts

Emergency contact name: _____. Relationship: _____. Phone: _____. Permission to contact in a safety emergency, consistent with applicable law: Yes / No.

Local resources

Nearest emergency department: _____. Local crisis team or emergency contact number: _____. Client county: _____.

During telehealth

At the start of each session, I will confirm my physical location and a callback number. If technology fails, my therapist may attempt to call the agreed number. In an immediate emergency, call 911 or go to an emergency department. In the U.S., call or text 988 for suicide and crisis support.

Emergency disclosures

If there is a serious safety concern, my therapist may take legally permitted or required steps to seek emergency assistance, including sharing the minimum information reasonably needed.

Client name: _____ Date: _____

Client signature: _____ Date: _____