**TelePsychology Emergency and Disruption Plan Information**

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| Name:  | Age: | City: | State: |
| Safe Word:  | Telephone Number: |
| Guardian Name: | Telephone Number: |
| 10-Digit Local Police Number: | Response Time:  |
| Additional Resource Name: | Resource Number:  |
| Additional Resource Name: | Resource Number: |
| Emergency Contact Name: | Telephone Number: |
| Emergency Back Up Communication Type: | Contact Number: |
| How Long to Wait to Contact: 5 minutes |  |
| Risk Factors: |
| Client Needs: |
| Additional Safety or Emergency Information:  |