**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: | | | | |