Case # _____

Arizona State University
Clinical Psychology Center

SAFETY PLAN FOR TELEPSYCHOLOGY

In order to participate in telepsychology services, I agree to obtain local face-to-face services if I experience a suicidal or homicidal crisis or other emergency.

Client Phone: _____ Client Birth Date: _____

Client Address: _____
Street City State

Emergency Contact Name: _____ Phone: _____

I agree that my therapist or a representative from the Clinical Psychology Center may contact my emergency contact in the case of an emergency or inability to contact me. My consent to contact my emergency contact is revoked at termination of telepsychology services at the Clinical Psychology Center.

_____ _____ _____
Client Name (Please Print) Client Signature Date

_____ _____
Witness Signature Date

Emergency Face-to-Face Services

Agency: _____ Phone: _____

Address: _____
Street City State

I agree to contact the above agency if I am experiencing a suicidal or homicidal crisis or other emergency. If this is a life-threatening emergency, I will call 911. Further, I agree that my therapist or a representative from the Clinical Psychology Center may contact the above agency in the case of an emergency. My consent to contact the above agency is revoked at termination of telepsychology services at the Clinical Psychology Center.

_____ _____ _____
Client Name (Please Print) Client Signature Date

_____ _____
Witness Signature Date

Additional Resources

National Suicide Prevention Lifeline: 800-273-8255
Central Arizona Crisis Line: 800-631-1314
Empact Suicide Prevention Hotline: 480-784-1500