Emergency Contact and Crisis Response Authorization

Adult outpatient telehealth services | Complete before the first session

This form identifies who may be contacted and what steps may be taken if a serious safety or medical concern arises. Vera Counseling Collective is not an emergency or 24-hour crisis service. For immediate help, call 911, go to the nearest emergency department, or call/text 988.

1. Client and Telehealth Location Information

Client full name

_____

Preferred name

_____

Date of birth

_____

Mobile phone

_____

Home address:

_____

City / State / ZIP:

_____

- ☐ My usual telehealth location is the home address above.
- ☐ My usual telehealth location is different.

Address: _____

I understand that I must confirm my current physical location at the beginning of each telehealth session and immediately tell my clinician if I am in a different location.

2. Primary Emergency Contact

Name

_____

Relationship to client

_____

Primary phone

_____

Alternate phone

_____

Email (optional)

_____

City and state

_____

Does this person know that you have named them as your emergency contact?

- ☐ Yes
- ☐ No

If a message must be left, the clinician may:

- ☐ Identify Vera Counseling Collective
- ☐ Use only Kaiti's name
- ☐ Leave no voicemail

3. Optional Secondary Emergency Contact

Name _____ **Relationship to client** _____

Primary phone _____ **Alternate phone** _____

4. Local Emergency Resources and Safety Information

Nearest emergency department or urgent psychiatric service:

_____

Address / phone:

_____

Preferred local crisis or mobile response service, if known:

_____

Safety, medical, accessibility, language, dependent-care, or other information responders may need:

_____

Is there anyone who should NOT be contacted or given your location because doing so may create a safety risk?

- ☐ Yes
- ☐ No

Name / explanation: _____

5. Emergency Contact Authorization and Crisis Response Consent

I authorize Vera Counseling Collective, PLLC and my treating clinician to contact the emergency contact(s) named in this form when the clinician reasonably believes contact is necessary to address a serious or immediate safety concern, a medical or psychiatric emergency, an inability to verify my safety or location after a concerning communication or interrupted session, or the coordination of an urgent evaluation or emergency care.

For those purposes, I authorize the clinician to disclose only the information reasonably necessary to respond to the concern. This may include my identity, current or last known location, the nature of the immediate concern, steps already taken, and information needed to coordinate assistance.

I understand that the clinician may also contact 911, emergency medical services, law enforcement, a crisis-response team, a hospital, or another appropriate emergency service when permitted or required by law. The clinician is not required to contact my personal emergency contact before contacting emergency services and may decide not to contact that person if doing so appears unsafe, inappropriate, or likely to delay needed help.

This authorization does not permit routine treatment updates, ongoing communication, or release of my complete clinical record to the emergency contact. A separate written authorization is required for non-emergency communication or release of records unless disclosure is otherwise permitted or required by law.

I understand that I may revoke this authorization in writing at any time. Revocation does not affect information already disclosed in reliance on this authorization and does not prevent disclosures that are permitted or required by law. This authorization expires 12 months after the date signed or when my treatment ends, whichever occurs first, unless renewed or revoked earlier.

I agree to provide accurate information, update the practice promptly if my contact, location, emergency-contact, or safety information changes, and confirm my physical location at each telehealth session.

- I understand that Vera Counseling Collective is not an emergency, crisis-response, or 24-hour on-call service.
- I understand that messages, emails, texts, and portal communications may not be reviewed immediately and should not be used for emergencies.
- If I am in immediate danger or need urgent help, I will call 911, go to the nearest emergency department, or call/text 988.
- If I choose not to provide or authorize use of a personal emergency contact, I will discuss this with the clinician before treatment begins because it may affect whether telehealth can be provided safely.

6. Other Resources

In Maricopa County, immediate mental health and substance use emergencies can be handled by calling the 24/7 Central Arizona Crisis Line at (602) 222-9444 or toll-free at (800) 631-1314.

Other resources available:

- **Arizona Statewide Crisis Hotline**: 1-844-534-HOPE (4673)
- **Crisis Text Line**: Text HOME to 741741
- **Veterans Crisis Line**: Text 838255
- **Non-emergency police (DV or trafficking)**: 602-262-6151
- **Trevor Project for LGBTQ+ Crisis Support (under 25)**: 866-488-7386
- **Trans Lifeline**: 875-565-8860
- **MIND 24/7**: 1-844-646-3247 or mind24-7.com (walk in's available in Phx and Mesa)

7. Client Acknowledgment and Signature

By signing below, I confirm that I have read and understand this form, had an opportunity to ask questions, and authorize emergency contact and crisis-response actions as described above.

Client printed name _____ **Date of birth** _____

Client signature _____ **Date signed** _____

Clinician signature _____ **Date reviewed** _____

8. Clinician Review

- ☐ Emergency contact information reviewed
- ☐ Usual telehealth location documented
- ☐ Local emergency resources documented

Follow-up needed / limitations discussed:

_____

_____

_____