# Telepsychology Emergency Preparation Form

Complete this form and return to me via email (lsklohn@yahoo.com) or fax (803-790-9998) prior to initiating telepsychology services.

\_\_\_ I agree to provide the physical location, including specific address, prior to each session.

The following individual (name and number) is provided in case there is an emergency. It is understood that if there is an emergency and I need a third party to assist me in accessing the appropriate level of care, my psychologist will contact this individual to enlist their services. My psychologist may contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number) to assist in an emergency.