

BARBRA ROGOFF, LCSW
Psychotherapist

4922 Windy Hill Drive
Suite A
Raleigh, N. C. 27609



www.brogofflcsw.com

(919) 201-3498 phone
(919) 885-1014 fax
barbra@brogofflcsw.com

IN CASE OF EMERGENCY - TELETHERAPY

If you have a mental or physical health emergency or crisis that is life threatening call 911 immediately. If your emergency or crisis is not life threatening, DO NOT to wait for me to call you back, DO one or more of the following:

- Call your ECP listed below
- Call Alliance Behavioral Healthcare's crisis line at (800) 510-9132
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Go to the emergency room of your choice
- Call 911

Emergency Information and Procedures for Teletherapy Services

For safety reasons and in case of emergency, there are additional procedures that we need to have in place when utilizing Teletherapy services. These are as follows:

1. Please provide the information requested below for the primary location where you will be for our teletherapy sessions. I understand that it is not reasonable to expect you will always be at that location, therefore at the beginning of our sessions I shall need you to either confirm you are at that location or provide me with your current location, the best phone number to reach you, the name and emergency phone number for the nearest police station, and the name, address, and phone number for the nearest hospital.
2. Please provide the name and phone number for an Emergency Contact Person (ECP) who you may contact or whom I may contact on your behalf in case of an extreme emergency only. Please provide their name, relationship, and phone number in the space provided for below.
3. You will need to confirm with your ECP that they are willing to take on this role and willing and able to go to your location in the event of an emergency. Additionally, if you, your ECP, or I determine it is necessary, your ECP agrees to take you to a hospital for assistance. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated in the paragraph below.
4. You understand and agree that, if you are having active suicidal or homicidal thoughts with or without intent or plan, experiencing psychotic symptoms, experiencing a medical crisis, or in a crisis that we cannot solve remotely and I determine the need to access any of names provided herein, or equivalent service for your location, to offer you immediate assistance, I may do so whether or not you agree in that moment.
5. You understand and agree that, if at any time I determine you need a higher level of care and Teletherapy services are not appropriate for you, I shall inform you of this determination and you will then either need to make arrangements to come to my office to continue with me or find another therapist. At your request, I will provide you with a list of potential providers in your area.

Required Information

1. Please provide the following information regarding the primary location where you will be for our teletherapy sessions:

Name/Description: _____

Address: _____

Phone Number: _____

2. Please provide me with the following information for the nearest police department to your primary location and/or that you prefer to contact in the event of an emergency.

Police Department: _____

Emergency Phone Number: _____

3. Please provide the name of the hospital nearest to the primary location listed above and to which you would prefer to go to in the event of an emergency.

Hospital Name: _____

Address: _____

Emergency Phone Number: _____

4. Please provide the following information regarding your Emergency Contact Person (ECP):

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

By signing below I agree and consent to Barbra Rogoff, LCSW contacting any of the above-listed entities in any situation Barbra Rogoff, LCSW determines to be a crisis or emergency. Should I not be at the primary location indicated above, I agree and consent that Barbra Rogoff, LCSW may contact emergency services providing services to my location at the time.

Signature of Client

Date

Printed Name of Client