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## Cluff Counseling PLLC

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860 Hebron Parkway Suite #1102 ■ Lewisville, TX 75057 ■ [melissacluff.mft@gmail.com](mailto:melissacluff.mft@gmail.com)

### General and Telehealth Emergency Plan

**The following information will be used in case of an emergency. When we resume our office visits, we will discuss if any changes need to be made to this plan. Please complete the following questions, scan and resend to me at [melissa@cluffcounseling.com](mailto:melissa@cluffcounseling.com).**

In case of a videoconferencing failure I understand that my therapist will contact me by phone.

Preferred Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

I agree to inform my therapist of the address of my physical location at the beginning of each session if different from the one listed below.

Yes, I agree                       No, I do not agree

Address of the location I intend to be for most of our telepsychology meetings at this time:

Name, address, and phone number of my closest Emergency Room:

#### **Support Person**

A support person is someone accessible to you (nearby, willing to help) during your telehealth session. This individual could help in case of emergency. You will need to sign a release of information to allow me to contact this person if needed in such a situation.

Support Person Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number(s) of Support Person: \_\_\_\_\_

In case of emergency I give consent for Melissa Cluff to contact my support person. I understand that this may involve disclosure of private and confidential information.

Yes, I consent                       No, I do not consent

#### **Standard Emergency Plan**

If an urgent issue arises, feel free to attempt to reach me by phone. If you are unable to reach me and feel that you cannot wait for me to return your call, call 911, go to your nearest ER or call one of the following numbers:

**Dallas County (NTBHA): 833-251-7455**

**Denton County (MHMR): 800-762-0157**

**24/7 Crisis Hotline: 214-828-1000**

**Text "CONNECT" to 741741**

By signing below, I am stating this information is correct, that I agree to follow my emergency plan, and am allowing Melissa Cluff to reach out to my support person, if needed.

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

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