



AUBURN UNIVERSITY
PSYCHOLOGICAL SERVICES CENTER

Emergency Contact Information

Client Name _____ Date of Birth _____

In order to provide prompt attention in the event that a crisis, illness, or emergency situation occurs while you are on our premises or participating in telepsychology services, the AUPSC asks that you provide contact information for individual(s) who you wish to be contacted to assist in addressing the situation.

If you are in crisis (e.g., at risk for self-harm), incapacitated, or otherwise unable to make decisions regarding your health care, AUPSC will attempt to contact the person(s) who you list. Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. If you are engaging in telepsychology services, you and your graduate clinician will create an emergency plan to address some of these difficulties before engaging in telepsychology services.

This document serves as an obtain/release form allowing your AUPSC graduate clinician to contact your emergency contact person as needed during such a crisis or emergency.

Emergency Contact Information

Name:	Phone:
_____	_____
Relationship:	Email:
_____	_____

If your telepsychology session is interrupted for any reason **AND** you are having an emergency, **DO NOT** try to re-establish a video call with your clinician. Instead, call 911, or go to your nearest emergency room. Email your graduate clinician after you have called or obtained emergency services.

Emergency Services Information

Call 911 for immediate assistance	
National Suicide Prevention Lifeline	9-8-8 or 1-800-273-8255 (TALK)
National Suicide Prevention Lifeline Online Chat	https://suicidpreventionlifeline.org/chat
East Alabama Mental Health Emergencies	1-800-815-0630
East Alabama Medical Center - Emergency Service	334-528-1150

Signature of Patient or Authorized Agent of Patient Care Date

Relationship of Above to Patient (e.g., self, parent, legal guardian)