

Telemental Health - Risk and Crisis Management Plans

CLIENT INFORMATION		<input type="checkbox"/> INFORMED CONSENT ACQUIRED	
Client name:			
Client Address: (Where teletherapy happens)			
Telephone number:	Email Address:		
Alternative communication method, backup Plan Phone or Text #'s			
Emergency Contact Person	<input type="checkbox"/> Accepted by ECP		
Local Emergency Numbers			
Local Sheriff, Hospital, Dr's			
Client Support Person CSP Name: Contact #s, Address	<input type="checkbox"/> Accepted by CSP		
CHECKLIST: PREPARATION AND PROTOCOLS FOR QUALITY SERVICE AND TO ENSURE LEGAL & ETHICAL COMPLIANCE			
<input type="checkbox"/> Suitability	<input type="checkbox"/> Technological Competency	<input type="checkbox"/> Suitable Presenting Mental Health Issue	Assess Acute Risk <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
	<input type="checkbox"/> Provider Skill Level Concerns _____		
<input type="checkbox"/> Client Concerns	Client concerns regarding a Telehealth session are:		
	Ways to support client are:		
Pre-1st Session Preparation Call If necessary, phone client 10 minutes before scheduled meeting to assist as needed.			
<input type="checkbox"/> Tech Check & Netiquette	<input type="checkbox"/> Bandwidth, Internet speed (in google search enter "bandwidth check <input type="checkbox"/> Browser compatibility _____ <input type="checkbox"/> Audio and Video test in Online Waiting Room <input type="checkbox"/> Lighting & camera adjustments <input type="checkbox"/> Headphones or ear buds can resolve noise problems		
Computer hygiene: Restart computer daily, No eating or drinking near computer, Turn off unrelated software programs			
<input type="checkbox"/> Privacy & Safety	<input type="checkbox"/> Confidential Space <input type="checkbox"/> No Interruptions <input type="checkbox"/> No other people in room <input type="checkbox"/> Reset factory router password with personal password <input type="checkbox"/> Confirm code word to identify client for our written communications _____		
<input type="checkbox"/> Procedure to re-engage session	1) When disconnected: phone Provider, 303-332-9975, to discuss procedures to remedy disconnection or disturbances. 2) Other options depend on where difficulties lie. When phoning is possible, then together, we can discuss present and possible solutions to the problem. Or, choose to use the phone in continuing the session or reschedule the meeting. 3) You may need to wait while provider resolves issue, or you may need to leave clinic room, wait a few minutes, then link in again at georgelaws.doxy.me/georgelaws . Then, sign in, use password and wait for admission into session room. 4) The Provider and you may need to shut down programs, restart computers and re-enter the Session again.		
<input type="checkbox"/> 1st Session Protocol	<input type="checkbox"/> Take photo of Client's state-issued ID <input type="checkbox"/> Transfer Consent and other Forms while in Online Clinic _____ <input type="checkbox"/> Address emergency procedures _____ <input type="checkbox"/> Verify a.) Locality _____ b.) Hospital # _____ c.) Emergency # _____ <input type="checkbox"/> Identify conditions under which high-risk behavior may escalate. _____		
Ongoing Sessions	Verify: <input type="checkbox"/> Identity <input type="checkbox"/> Location _____ <input type="checkbox"/> Emergency Needs _____ Suitability: <input type="checkbox"/> Technology <input type="checkbox"/> Client <input type="checkbox"/> Privacy <input type="checkbox"/> Security		
Contact between sessions: Text: 303-332-9975 ___ Email glsws@outlook.com ___ Phone 303-332-9975 ___ Policy: less 48-hour return			

In an Emergency call 911

Clients may also utilize 1 800 SUICIDE or 1 800 273 TALK, and for the deaf 1 800-799-4TTY.