The Center for Counseling
Your Life Is Precious.℠

Client Name: _____

Your therapist name is: _____

CLIENT EMERGENCY PLAN

FOR A LIFE THREATENING EMERENCY: CALL 911

If you believe you are in danger or in imminent risk, suicidal or homicidal with intent*: Please do not waste time calling our office or the clinician on call! You may want to attempt to contact your physician, but proceed to the emergency room immediately.*

Business Hours:

The Center for Counseling is dedicated to delivering personal, client focused care. Our office is open 9 am-9 pm Monday through Thursday and 9 am – 4 pm Fridays to meet your needs. During business hours if you have the need to speak with your clinician prior to your next appointment, please call our office at 1-586-273.7095. If your clinician is not available, we will make every attempt to contact them in a timely manner to return your phone call within 24 hours. If this is an **EMERGENCY** as defined above, please follow the directions. Your clinician will do their best to provide intervention over the phone. However, your clinician may request after no more than 10 minutes on the phone, that you schedule an appointment within 72 hours.

It will be the policy of The Center for Counseling to formally charge a fee for phone calls. These charges are non-billable to your insurance and will need to be paid by your next session. The fees are: 10-30 minutes = $45, 30-60 minutes = $90, and after 60 minutes, the charge will be $1.00 per additional minute. _____

Before/After Business Hours:

If an urgent matter arises which you would like to discuss with your clinician, **dial 1-586-273-7095** to receive the pager number. You will receive instructions to page the on-call clinician and leave a number. You will receive a return call within 15 minutes. If your call is not returned, please re-page the number, or call the **24-HOUR CRISIS LINE at 1-586-307-9100.** The on-call clinician will make every effort to contact your clinician in a timely manner to return your call within 24 hours.

Client Address _____

_____

Client Phone _____

_____
Client/Guardian Signature Date

_____
Clinician Signature/Credentials Date