# Schachner Associates, P.C.

Comprehensive Psychological Services

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## Telepsychology Activation Form

(Updated - 7/5/2022)

Please complete this form **IN FULL** to be eligible to participate in telepsychology services. If the form is incomplete, your paperwork will not be fully processed. Completing this form provides Schachner Associates (including your clinician and office administrative staff) permission to communicate to individuals on this form if necessary for urgent or emergency care. Support system contact persons must reside within driving distance of where you plan to be physically located for your telepsychology appointments.

**Full Name**

Street

Apt #

City

State

Zip Code

County

**Phone Number**

**Email Address**

**Support System – Contact #1**

**Relationship to Client**

**Full Name**

**Address**
Street

Apt #

City

State

Zip Code

**Phone Number**

**Email Address**

For Office Use Only: County BH Office Phone & Fax –
Local Crisis Hotline –
Local Hospitalization Protocol –

**Support System – Contact #2** **Relationship to Client**

**Full Name**

**Address**
Street

Apt #

City State

Zip Code

**Phone Number**

**Email Address**

**Nearest Hospital That Has a Behavioral Health Unit**

**Hospital Name**

**Address**
Street

Street 2

City State

Zip Code

**Phone Number** **# Miles Away**

**Local Police Phone Number**

I, (or on my child's behalf), hereby authorize Schachner Associates, 128 North Craig Street, Suite 210, Pittsburgh, PA 15213, to release information and records for the purpose of emergency or crisis evaluation and treatment to the individuals listed above. I understand that, in order to protect the limited confidentiality of my records, my permission to release information is necessary. I also understand that I may withdraw my consent at any time, except for actions that have already been taken. This release is effective until the termination of telepsychology services or until a subsequent written release document takes effect.

_____ _____

Client Date

_____ _____

Therapist Date