



Emergency Services Agreement

Name of Client: _____ Date of Birth: _____

This statement represents an explicit plan in the event of a psychological crisis, development of suicidal thoughts or intent, or any need for emergency contact.

Thriving Lives Counseling, LLC is an outpatient mental health facility with no full time call service or crisis response personnel. We return calls as soon as possible, but may not be available to do so immediately. Consequently, we formulate a plan with each person for emergencies in the initial phase of therapy in the event it is needed.

Recommended Crisis Resources:

For Hospital services, please go to the nearest Emergency Room (ER) or call 911.

Note: ANY local/nearby Hospital Emergency Room can initially respond to a crisis or emergency. By calling 911, emergency responders (e.g., Police or Fire Department personnel or Paramedics/Emergency Medical Technicians) will be dispatched to your location to offer further assistance, and transport you to the nearest ER, if/as needed.

COOK COUNTY RESOURCES: Youth in Crisis: (708) 484-7400 OR Northwestern Suicide Hotline: (312) 926-8100

WILL COUNTY RESOURCES: Crisis Line of Will County: Frankfort-(815) 469-6166, Mokena-(708) 479-1399,
Will County Crisis Line 24/7: (815) 744-5280

DUPAGE COUNTY RESOURCES: Crisis Intervention Unit: (630) 627-1700 OR Suicide Prevention Services: (630) 482-9696

NATIONAL SUICIDE PREVENTION LIFELINE: (800)-784-2433 OR (800)-273-TALK(8255)

CRISIS TEXT LINE: Text "Hello" to 741741

By participating in outpatient therapy, I understand that confidentiality may be broken if my therapist believes that I may be in danger. In the event of a crisis or threat of harm, I will notify my therapist, and if s/he is unavailable, I will contact an appropriate crisis facility. My emergency contact* may be called if I am not reachable while in need of emergency care.

* Emergency Contact is listed on the Registration Form

Name (please print) _____ Relationship to Client: _____

Signature: _____ Date: _____

*Signature of Client, if minor, over the age of 12:

_____ Date: _____