

CAROLINA PSYCHOLOGICAL ASSOCIATES

EMERGENCY PROCEDURES

Carolina Psychological Associates provides emergency services 24 hours per day, seven days per week, to clients actively in therapy. All clinicians in the group take turns providing emergency services. You cannot be sure that you will be able to talk to your primary therapist. You can be sure that you will talk to a qualified, experienced, caring mental health professional.

To reach the on-call therapist in an emergency situation, call our regular telephone number, **336-272-0855**. If the front office is closed, you will get our recorded message. That message will direct you to our emergency number, **336-337-7664**. This number will page the on-call therapist.

This system usually works with accuracy and promptness. If your call has not been returned within 30 minutes, call the emergency number again.

If for some reason this system does not work, you may access emergency services in the community from the following sources:

Your psychiatrist, if you have one.

Guilford County Mental Health Emergency Services 1-800-853-5163
(Or your local mental health center, if you live outside of Guilford County)

Moses Cone Behavioral Health Systems 1-800-711-2635 or
700 Walter Reed Drive, Greensboro, NC 336-832-9700

ADULTS GO TO:
Wesley Long Hospital 336-832-1000
501 N. Elam Avenue, Greensboro, NC
(Go to the Emergency Room)

CHILDREN AND ADOLESCENTS GO TO:
Moses H. Cone Memorial Hospital 336-832-9000
1200 North Elm Street, Greensboro, NC

In the event of an immediate life-threatening emergency, call 911, and the police or rescue squad can be called if the emergency room cannot be reached in time.

Sometimes primary care physicians can help you assess a psychiatric emergency and make recommendations for care.

If you receive emergency services from providers outside of this group, always contact your primary therapist as soon as possible after the emergency.

I have read this statement and understand the procedures to be followed in case of an emergency.

Client Signature

Date

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CLIENT COPY

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