



Mind Rejuvenation, LLC
Iftikhar Hussain, MD
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PH: (918) 340-6460
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4922 E 73rd St, Tulsa, OK 74136

EMERGENCY & CRISIS POLICY

Patient Name: _____ DOB: _____ Date: _____

OUTPATIENT PSYCHIATRIC CARE

To ensure your safety and provide the best possible care, it is important to understand how emergencies are handled in this practice. Please read and sign this policy to acknowledge our emergency procedures.

1. THIS IS AN OUTPATIENT PRACTICE

Our practice provides scheduled psychiatric appointments and medication management. **We do not provide 24-hour crisis services.** * Your PMHNP is available only during scheduled business hours.

- We do not have an "on-call" provider after hours, on weekends, or during holidays.

2. WHAT TO DO IN A LIFE-THREATENING EMERGENCY

If you are experiencing a mental health emergency (such as thoughts of harming yourself or someone else) or any medical emergency:

- Call 911 immediately.
- Go to the nearest Hospital Emergency Room.
- **Call or Text 988** (The National Suicide & Crisis Lifeline), available 24/7.

3. COMMUNICATIONS & RESPONSE TIMES

- **Voicemail/Email:** Messages left after hours or over the weekend will be checked during the next business day.
- **Do not use the patient portal or email for emergencies.** These tools are not monitored in real-time.
- If you leave a message regarding a crisis, our first response will be to direct you to the emergency resources listed above.

4. TELEHEALTH SAFETY REQUIREMENTS

For your protection during remote visits, the following are required:

- **Current Location:** At the start of every session, you must confirm your physical address.
- **Emergency Contact:** You must provide a valid emergency contact person whom we can reach if we become concerned for your safety during a session.
- **Local Services:** If a crisis occurs during a video call, your provider may contact emergency responders in *your* local area to assist you.

5. PRIVACY & SAFETY

While your treatment is confidential, please be aware that **law and ethics require** your provider to contact emergency services or authorities if there is an imminent risk of harm to yourself or others. Your safety is our highest priority.



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Signature Page

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PATIENT ACKNOWLEDGMENT

I have read and understood the **Emergency & Crisis Policy**. I understand that this practice does not provide emergency services and I agree to utilize 911, the 988 Lifeline, or the nearest emergency room in the event of a psychiatric crisis.

Patient/Guardian Signature: _____

Emergency Contact Name: _____ **Phone:** _____