1. Determine whether or not the agency will provide counseling services.
2. Designate who will provide the counseling services.
3. Provide a contact person for the service provider.
4. Provide contact information for the contact person.
5. Designate for whom counseling will be provided.
6. List the counseling services available from the service provider.

*Source: Continuity of Operations Plan Guidance for Indian Health Centers, Global Vision Consortium Native American Alliance for Emergency Preparedness, June 2010*

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| --- | --- | --- | --- | --- | --- |
| **Counseling Provided** | **Service Provider** | **Contact**  **Person** | **Contact Information** | **Counseling for Whom?** | **Services Provided?**  **Contract Y/N?** |
| *Example: 1*  *Yes* | *Feel Better Counseling Services* | *Bob Jones* | *1234 Main St., Ste 201*  *1st City, 7th State*  *21210*  *W: (555)555-1234* | *Employees and their immediate family members*  *Community Health Representatives*  *Health Center patients affected by disaster* | *Will provide both individual and group therapy sessions; specializes in all aspects of post- traumatic stress disorder (PTSD)*  *Contract* |
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