**Yale Business Continuity Planning**

**Important Contacts Worksheet**

***Instructions:*** *List key emergency contacts on the worksheet below. Give a copy to everyone on your emergency team.*

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| **Important Contacts Worksheet** | |
| Practice / Department Name: | |
| Street Address: | |
| **Chief Medical Officer**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Chief Operating Officer**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Director of Practice Management**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Director of Office Operations**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Clinical Chair**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Section Chief**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Lead Administrator**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Business Office Manager**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Clinical Operations Manager**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **YNHH Counterpart**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Facilities Representative** (Yale FAC, landlord, etc.)  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Environmental Health and Safety** | Main line: (203) 785-3550  EMERGENCY: (203) 785-3555 |
| **Yale ITS Help Desk** | [helpdesk@yale.edu](mailto:helpdesk@yale.edu)  (203)-432-9000 |
| **YNHH IT Help Desk** | [helpdesk@ynhh.org](mailto:helpdesk@ynhh.org)  (203) 688-HELP [4357] |
| **Other:**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Other:**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |
| **Other:**  Name:  Email: | Business phone:  Cell phone:  After hours phone: |