

CONTRACT for SAFETY

I,	, agree to <i>not</i> ha	, agree to <i>not</i> harm myself in any way, attempt to kill		
myself, or kill myself during the pe	riod from	to	the time of	
my next appointment).				
I agree that, for any reason, if the ap	ppointed session is postponed	, canceled, etc., t	that this time period is	
extended until the next direct meeti	ng with my counselor. In this	s period of time,	I agree to care for	
myself, to eat well, and to get enough	gh sleep each night.			
I agree to make social/family conta	ct with the following individu	aals:		
I agree to rid my presence of all this rough time and come to a point who	ere I may break any of these p	_	_	
contact with any of the following in				
Or, if I cannot contact these individ	uals, I will immediately call a	any of the resour	ces below:	
AGENCY	NUMBER	HOUR	S OF OPERATION	
National Suicide Prevention	1-800-273-TALK	24 hour	rs/7 days per week	
Lifeline (www.suicidepreventionlifeline.org	(1-800-273-8255)			
National Hopeline Network (www.hopeline.com)	1-800-SUICIDE (1-800-784-2433)	24 hour	rs/7 days per week	
* You can always call 911 to ask j	for help. Tell the operator yo	u are in suicidal	danger.	



Online resources: WEBSITE ADDRESS AGENCY National Suicide Hotlines http://suicidehotlines.com/ National Suicide Prevention http://www.sprc.org/ Resource Center Yellow Ribbon http://www.yellowribbon.org/ Department of Health & Human Services National Strategy for Suicide Prevention http://mentalhealth.samhsa.gov/suicideprevention/ Department of Health & Human Services http://www.cdc.gov/ncipc/dvp/Suicide/ Center for Disease Control & Prevention http://family.samhsa.gov/get/suicidewarn.aspx US Department of Health & Human Services Substance Abuse & Mental Health Services Administration I agree that these conditions are important, worth doing, and that this is a contract I am willing to make and keep. By my word and honor, I intend to keep this contract.

Witnessed by Date