

A COUNSELING CENTER, P.C.

NO SELF-HARM CONTRACT

Last Name		First Name	Middle Initial
Street	City	State	Zip
Phone	DOB	Age	Marital Status
Emergency Contact	Phone	Guardian	Phone
Psychiatrist	Phone	Referral Source	Phone
Counselor			Phone

AGREEMENT ONE:

I _____ being fully aware of my situation do hereby completely agree to abstain from all self-harm including suicide and self-mutilation as long I am not fully discharged from all services at A Counseling Center, P.C.

AGREEMENT TWO:

I _____ being fully aware of my situation do hereby completely agree to contact my counselor at A Counseling Center, P.C. in person or by phone before I engage in any form of self-harm including suicide and self-mutilation as long I am not fully discharged from all services at A Counseling Center, P.C.

AGREEMENT THREE:

I _____ being fully aware of my situation do hereby completely agree to obtain help and assistance whenever I feel the compulsion, strong desire, or need to harm myself in anyway including suicide, self-mutilation, and by accident as long as I am not fully discharged from all services at A Counseling Center, P.C.

AGREEMENT FOUR:

I _____ being fully aware of my situation do hereby completely agree that I am aware of the 24-hour phone numbers listed below and that I will use them whenever the need or occasion arises as long as I am not fully discharged from all services at A Counseling Center, P.C. I know I can call A Counseling Center, P.C. (402) 573-7277 and page my counselor or *any one of the other counselors* in an emergency situation through the voice mail by following the voicemail prompts. Other 24-hour phone numbers include: Police 911; Domestic Abuse (800) 523-3666; Child Abuse and Adult Abuse (800) 652-1999.

Client's Signature _____ Date Signed _____

Witness's Signature _____ Date Signed _____