

NO-HARM CONTRACT

I, _____, agree to **not** harm myself in any way, attempt to kill myself, or kill myself during the period from _____ to _____, (the time of my next appointment).

I agree that, for any reason, if the appointed session is postponed, canceled, etc., that this time period is extended until the next direct meeting with my counselor. In this period of time, I agree to care for myself, to eat well, and to get enough sleep each night.

I agree to make social/family contact with the following individuals:

I agree to rid my presence of all things I could use to harm or kill myself. I agree that, if I am having a rough time and come to a point where I may break any of these promises, I will call and make significant contact with any of the following individuals:

_____ at: # _____
_____ at # _____

If I cannot contact these individuals, I will immediately call the **Crisis Hotline** at# _____
_____ or call 1-800-273-8255, the U.S. 24-hour suicide prevention line.

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.

Signed _____ Date _____

Witnessed by _____ Date _____