

Safety Agreement

I, _____, agree that I will not attempt to harm myself. I promise that I will not attempt to commit suicide. I promise that I will not participate in any activity that could result in my intentionally causing harm or death to myself.

If I have thoughts of suicide or feel like I want to hurt or kill myself, I promise to:

- A. Call 911 if I am in immediate danger of harming myself.
- B. Call the following support people or agencies if I am feeling suicidal, but do not feel that I will cause harm to myself immediately:

Support Person's Name: _____ Phone Number: _____

Support Person's Name: _____ Phone Number: _____

My Therapist's Name: _____ Phone Number: _____

Local Crisis Line Number: _____

National Suicide Prevention at 1-800-273-TALK (8255)

Patient Signature

Date

Therapist Signature

Date

Patient should be given a copy of the signed agreement to take with him or her.