A COUNSELING CENTER

NO SELF-HARM CONTRACT

Last Name		First Name	Middle Initial
Street	City	State	7in
Sueci	——————————————————————————————————————	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.			
AGREEMENT TWO:			
I being fully aware of my situation do hereby completely			
agree to contact my counselor at A Counseling Center 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.			
AGREEMENT THRE		ng fully aware of my situation	n 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.			
discharged from all serv	ices at A Counsel	ing Center.	
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. I know I can call A Counseling Center (402) 573-7277 and page my			
counselor or any one of the other counselors in an emergency situation through the voice mail			
by choosing "urgent" after I leave a message. Other 24-hour phone numbers include: Crisis Line (402) 449-4650; 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
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