

Harm and Suicide Prevention Contract

If I feel like hurting myself or have thoughts of suicide I, _____, promise that I will not kill or hurt myself accidentally or on purpose while I am in treatment with Sharon Valentino, Therapist.

I agree to give everything I would use to kill or hurt myself including: (items/substances)

To _____, relationship to Client _____ at phone _____.

I also agree that if I start thinking about killing or hurting myself, I will immediately contact and talk to:

1. 1-800-SUICIDE, 24-hour suicide prevention line that can be called from anywhere in the U.S.
2. Call Suicide Hotline in Marin at 415-499-1100; in San Francisco 415-781-0500
3. Call Drug Crisis Hotline in Marin at 415-362-3400; in San Francisco 415/362-3400, San Francisco Relapse 415-834-1144
4. Emergency at 911

5. My psychiatrist: (name) _____ phone _____

6. My significant other, sponsor, spiritual advisor or other :(name) _____
phone _____, relationship to Client _____

7. My close friend or roommate: (name) _____ phone _____

8. My family: (name) _____ phone _____

Relationship to Client _____ alternate phone _____

More family: (name) _____ phone _____

Relationship to Client _____ alternate phone _____

I will continue talking on the phone with as many people as necessary for as long as necessary until the suicidal thoughts have subsided and I promise to get professional help at once to deal with these feelings. Further, I agree to implement the following safety actions:

Client signature: _____ date: _____

Client printed name: _____ Current Cell Phone _____

Clinician: _____ date: _____

Therapist, Sharon Valentino, signature

(Copy to client.)