

# ***NO-HARM CONTRACT***

I \_\_\_\_\_, agree to **not** harm myself or others in any way, attempt to kill myself or others during the duration of counseling services.

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, 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:

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I agree to rid my presence of all things I could use to harm or kill myself and others. 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:

**Patrice Cox, LPC @: # (404)936-3126 (Cell)**

\_\_\_\_\_ @ # \_\_\_\_\_

\_\_\_\_\_ @ # \_\_\_\_\_

Or, if I cannot contact these individuals, I will immediately call the

**Suicide Crisis Hotline at#**

**1-800-SUICIDE (1-800-784-2433) / 1-800-273-TALK (1-800-273-8255)**

**OR 911**

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** \_\_\_\_\_