

**A COUNSELING CENTER, P.C.**

**NO SELF-HARM CONTRACT**

Last Name		First Name		Middle Initial
Street	City	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, P.C.

**AGREEMENT TWO:**

I \_\_\_\_\_ being fully aware of my situation do hereby completely agree to contact my counselor at A Counseling Center, P.C. 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, P.C.

**AGREEMENT THREE:**

I \_\_\_\_\_ being fully aware of my situation 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, P.C.

**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, P.C. I know I can call A Counseling Center, P.C. (402) 573-7277 and page my counselor or *any one of the other counselors* in an emergency situation through the voice mail by following the voicemail prompts. Other 24-hour phone numbers include: 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 \_\_\_\_\_