NO-HARM CONTRACT

I, _____, agree to not harm myself in any way, attempt to kill myself, or kill myself during the period from _____ to _____, (my next appointment).

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 of time, 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:

_____

_____

_____

_____

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

_____at: #_____

_____at #_____

If I cannot contact these individuals, I will immediately call **911**; or the **Georgia Crisis and Access Hotline** at **800-715-4225;** or **1-800-273-8255** the **US 24-hour suicide prevention line**.

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**_____

Printed Name _____

Witnessed by_____ **Date**_____

Printed Name and Title _____