

No Harm Contract and Action Plan

Name: _____ Date of birth: _____

I agree to abide by the plan below. I recognize that engaging harmful behavior is a permanent solution to a temporary problem, and if I find myself thinking about harming myself or others in the future, I will speak to my therapist immediately or call one of the numbers below:

Therapist: _____ Telephone: _____

Emergency Services: 911
Local Law Enforcement: _____

Action Plan Support Network (People to call if I'm feeling like harming myself or others)

Name _____ Telephone: _____

Name _____ Telephone: _____

Name _____ Telephone: _____

Positive Affirmations (Reasons not to harm myself or others)

Plan to Remove Lethal Means

I, the undersigned, agree to abide by the terms of this contract. I understand that if I refuse to sign this, I may be admitted to the emergency room or law enforcement may be contacted. Furthermore, I agree to call my therapist, a member of my support group, or the emergency numbers listed above should I have any thoughts of harming myself or others in the future.

Name _____ Date: _____

Witness _____ Date: _____