

Safety Contract

** indicates a required field*

By signing below I understand and agree to comply with the following recommendations. I understand that this contract has been created for my safety and well-being. By signing this contract, I agree to the following:

- I will take my medication as prescribed.
- I will call 911, or designate an appropriate party to transport me to the hospital if I am in crisis.
- I will go to an appropriate professional to discuss any dangerous thoughts or feelings; such as suicidal ideations, homicidal ideations, or thoughts to self-harm.
- At this time, I do not have any suicidal or homicidal thoughts, means, or plan and my safety needs are being met.
- I am committed to leading a healthy lifestyle, and recognize that I am a valuable and worthwhile person.
- I am committing myself to honoring this contract.
- I understand that my emergency contact will be called in the event that I need to be safely transitioned to a facility that is more appropriate to handle my mental health needs.

I understand that if I do not comply with these requirements, I will be referred to a facility that will more appropriately meet my mental health needs.

5 **I consent to the statement above.** _____

I consent to sharing information provided here.