



No Self-Harm Contract

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Courage**

3160 Camino del Rio S #304
San Diego, CA 92108
T 619-819-0283
F 619-819-_____
www.potentiatherapy.com

Patient Name: _____

Phone: _____

Address: _____

Names of people to contact in an emergency:

Name: _____

Daytime phone: _____

Evening phone: _____

Address: _____

Name: _____

Daytime phone: _____

Evening phone: _____

Address: _____

I, _____,
agree that I will not attempt to harm myself
either accidentally or on purpose.



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I agree that if at anytime I begin to experience thoughts about harming myself, I will call my therapist at (_____) _____ - _____.

If I am unable to reach my therapist, I agree to call a family member, friend, or the 24-hour crisis hotline at the National Hope Line (suicide prevention) number at 1-800/SUICIDE (1-800-784-2433) or the Access & Crisis line at 888-724-7240.

I have read and understand the terms and conditions states above. I agree to fully abide by this No Self-Harm Contract.

Printed Name of Patient:

Signature of Patient:

_____ Date: _____

Printed Name of Therapist:

Signature of Therapist:

_____ Date: _____