No Harm Contract

To be completed collaboratively with Dr. Ireland, not independently.

ADE, Inc.
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> *This agreement supports clinical care. It does not replace clinical assessment, a safety plan, or emergency services, and it should be reviewed and updated as circumstances change.*

CLIENT NAME | DATE | REVIEW DATE

I agree not to harm myself in any way, not to attempt to harm myself, and not to kill myself.

I agree to make and maintain contact with the following people:

NAME	RELATIONSHIP	PHONE

I agree to remove from my surroundings anything I could use to harm or kill myself. I have discussed with Dr. Ireland what those things are and who will help me remove them.

WHAT I AM REMOVING, AND WHO IS HELPING ME DO IT

If I am having a hard time and reach a point where I may break any of these promises, I will call and make real contact with one of the following people:

NAME	PHONE	BEST TIME TO REACH THEM

If I cannot reach any of them, I will call or text 988, go to the nearest emergency room, or call 911.

> **If you are in immediate danger, call 911 or go to your nearest emergency room. For crisis support, call or text 988 (Suicide & Crisis Lifeline) or chat at 988lifeline.org.**

NEAREST EMERGENCY ROOM | ADDRESS

I agree that these conditions matter, that they are worth doing, and that this is an agreement I am willing to make and to keep.

CLIENT SIGNATURE | DATE

WITNESS SIGNATURE | DATE

DR. MARTHA IRELAND | DATE