

SAFETY CONTRACT AND PLAN

I, _____, contract for my safety. This means that I will not act on my plan to commit suicide. I will use the skills listed below to assist with my safety and call the people in my support system as needed. BEFORE acting on urges and if unsafe, I will call **800-715-4225 (Suicide Hotline)**, or admit myself into the hospital.

Skills I will use to maintain my safety:

1. Relaxation with Pelvic release
2. Deep Breathing
3. Mindfulness
4. Prayer

My support system crisis numbers I can call for help BEFORE ACTING ON URGES:

- | | |
|--------------------|----------------------------|
| 1. _____ | Phone Number: _____ |
| 2. _____ | Phone Number: _____ |
| 3. _____ | Phone Number: _____ |
| 4. Patricia Whalen | Phone Number: 470-270-9268 |

Signed by:

Client: _____ Date: _____

Pastoral Counselor Electronic signature: [Patricia J Whalen](#) Date: _____