**Practicum Clinic**

No-Suicide Contract

I agree not to kill myself, attempt to kill myself, or cause harm to myself during the period from to , the time of my next scheduled appointment.

I also agree not to harm anyone else during this same period.

I agree to take care of myself and get enough sleep and eat well.

I agree that I will not become intoxicated through the use of alcohol or drugs.

I agree to get rid of things that I could use to harm myself, such as guns or pills.

I agree that if I have a bad time and feel that I might hurt myself, I will call my counselor at

Phone Number: or the following Counseling Center.

Counseling Center:

Name:

I agree that these conditions are part of my counseling contract with

Client Signature

Witness Signature

Date and Time