

**Good Counsel  
No Harm Agreement**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ promise not to harm myself or anyone else.

**If I think I might hurt myself or someone else, I will stay safe by taking the following steps:**

**INITIAL**

\_\_\_\_\_ 1. *Talk to a friend or family member about my thoughts and feelings.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ 2. *Stay with someone who will keep me safe.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ 3. *Call my therapist or psychologist.*

Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychologist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*If they are unavailable, I will call the Crisis Line: 1-800-273-8255 or 1-800-784-2433 or 911.*

\_\_\_\_\_ 4. *Go to the hospital if I am not safe and/or if there is no one to keep me safe.*

I will get to the hospital by: \_\_\_\_\_

**My signature below is my commitment and promise to follow this No Harm Agreement.**

Client

Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CONFIDENTIAL -----CONFIDENTIAL-----CONFIDENTIAL**

Good Counsel

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