

Vital Minds Psychiatry, LLC.

Client Safety Contract

I, _____ hereby contract with Vital Minds Psychiatry Provider, that I will take the following actions if I feel suicidal.

1. **I will NOT attempt suicide.**
2. I will phone _____ at _____.
3. If I do not reach _____, I will phone any of the following services:

Name/Agency:

Phone:

4. I will further seek support from any of the following people:

Name:

Phone:

5. If none of these actions are helpful or not available, I will go to the ER at one of the following:

Hospital and Address:

Phone:

6. **If I am unable to get help or unable to go to the hospital, I will call 911 and request help.**

Patient's Signature: _____

Date: _____