Beth Kanne-Casselman, MEd, LMFT 805-895-6960

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This information is maintained in confidence in your record. Disclosure of information only occurs with express written permission via a Release of Information or in the event of a true emergency or subpoena.

NO HARM CONTRACT

I,	, agree <u>not</u> to harm myself in any way,
	hurt myself. I will not use social media to
share or speak negatively about	myself or post negative, sexual, or disparaging
images or words about myself.	
I agree to care for myself, eat well,	, and get enough sleep each night, as well as stay
physically fit and mentally/emotion	nally aware of what is going on with me.
I agree to make social/family contact with the individuals named below $\!\!\!\!^*$ should I feel	
at risk for hurting myself or suicidal	l. I agree to rid my presence of all things I could use
to harm or kill myself. I agree that,	if I am having a rough time and come to a point
where I may break any of these pro	mises, I will call and make significant contact with
any of the following individuals:	
Or, if I cannot contact or reach any	of the above-mentioned individuals, I will
immediately call the Suicide Crisis \boldsymbol{I}	Hotline at 211 or dial 911 for emergency assistance.
I agree that these conditions are im	portant, worth doing, and that this is a contract I
am willing to make and keep. By my	y word and honor, I intend to keep this contract.
Signed:	Date:
Witnessed by	Date:
Witnessed by	Date:
Witnessed by	Date: