

FAR WEST FAMILY SERVICES

EMPLOYEE ASSISTANCE PROGRAM

PERSONAL SAFETY PLAN

Printed name of client _____ Employer Group _____

Address _____ Phone _____

I agree that I will not harm or kill myself while I am in therapy with:

(Name of Therapist)

I promise to keep myself safe until (date) _____, and I will reaffirm this promise in follow-up sessions.

If I find I am feeling unsafe or having thoughts about harming or killing myself, I agree to follow whatever steps below are necessary in order to be safe:

_____ (Initial here) 1. I will call the Crisis Line at **206-461-3222 or 866-427-4747**. I understand that my name may be given to a Crisis Line supervisor if Far West believes that I present a significant risk of harm to myself. **(Teen Link 206-461-4922 6-10pm nightly)**

_____ (Initial here) 2. I will text the Text Crisis line. Text **"START" to 741-741**

_____ (Initial here) 2. I will contact these persons with whom I have made a prearranged agreement in order to obtain positive support and help.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ (Initial here) 3. I will go to the nearest hospital emergency room or call 911.

_____ (Initial here) 4. Other: _____

Signature of Client _____ Date _____