

**Ceci Bolan, MS**  
**Licensed Marriage and Family Therapist (# 45251)**  
**Db a Compassionate Counseling Services**  
**23201 Mill Creek Drive, Suite 220**  
**Laguna Hills, CA 92653**  
**949-678-9530**

**NO SUICIDE CONTRACT**

1. I, (Client) \_\_\_\_\_, agree NOT to kill myself, attempt to kill myself, or cause any harm to myself at any time.
2. I agree to get rid of anything that I could use to kill myself, including but not limited to, guns, other weapons, pills, etc.
3. In the event of an emergency, such that I am in serious danger of hurting or killing myself, I agree to dial **911**, or go to the nearest hospital emergency room, for immediate assistance.

I further understand that if my Therapist, \_\_\_\_\_, determines that I am in serious danger of hurting or killing myself, my right to confidentiality is waived, and my Therapist will make any necessary telephone calls for my own protection. I therefore authorize my Therapist to contact the following people, in case of emergency:

NAME	PHONE	RELATIONSHIP TO ME
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

4. I agree that if I have a bad time and feel that I might hurt or kill myself, I will immediately call \_\_\_\_\_ (PERSON'S NAME), who is my \_\_\_\_\_ (RELATIONSHIP TO ME).

I will also call one of the Suicide Hotlines listed below:

- |   |                |
|---|----------------|
| a. Hopeline 24/7 (National Crisis Hotline): | 1-800-784-2433 |
| b. Crisis Suicide Hotline:                  | 1-714-834-6900 |
| c. Mission Viejo Acute Care:                | 1-949-454-3940 |

5. I agree that these conditions are part of my counseling contract with my Therapist and with Compassionate Counseling Services, and are effective immediately and indefinitely.

Signed: \_\_\_\_\_  
Client  
\_\_\_\_\_ Therapist  
Printed Name of Client  
\_\_\_\_\_ Printed Name of Therapist  
Date  
\_\_\_\_\_ Date