

Missionaries to Ministers, Inc.

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NO HARM CONTRACT

This contract is between _____ Therapist, and
_____ Client. It has been made verbally at the session together on
_____ and is put into writing and signed on _____.

This contract is as follows:

that _____ will make no suicide attempt while in therapy with
_____.

If the client feels suicidal, he/she contracts to contact the therapist at any time. If the therapist is not immediately available, that he/she is to:

1. Wait for a return call and may not take any suicidal action during that waiting time
2. and/or contact his/her family friends,
3. and/or seek medical help from a doctor or the emergency room of a hospital,
4. and/or call the suicide hot line in San Jose at 855-278-4204.

The client also gives the therapist permission to contact the client's friends or family without needing any additional permission during any crisis which may arise. The therapist will notify the psychiatric emergency team or other official agency if he/she feels the client is at risk for his/her life.

The therapist contracts to notify the client if he/she will be away from his/her office for a period of longer than a week and will provide the client with a colleague's name and number at that time. The client agrees that for the purposes of this contract, this colleague will have the same rights and permission stated above.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

Two copies signed, one copy for each signatory.