

Dr. Lindsey Beaven, PhD, FAMI, MFT (Lic. MFC 46826)
P.O. Box 9534, San Rafael, CA 94912 • 415-902-1304

NO-HARM CONTRACT

DATE _____

INITIAL BELOW

- I will not harm myself between now and our next scheduled psychotherapy session. _____
- I will leave a check-in message for my therapist, Dr. Lindsey Beaven at **415-902-1304** by _____ a.m. each day. _____

AND/OR

- I will be available for a daily phone check in from my therapist at the following time/s:

Time/s arranged	Phone #
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- If we do not speak at the appointed time, my therapist will contact the following members of my support team to check on me.

Name	Phone
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Name	Phone
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Name	Phone
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- If I fear I will harm myself, I will:
 - a) leave a message for my therapist at: **415-901-1304** AND remember to leave a number where s/he can contact me.
 - b) get immediate support from the **Marin Suicide Hotline at (415) 499-1100.**

Signed: _____

PATIENT'S NAME

DATE