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### **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 Hotline: 407-425-2624 OR
  - c. Go to the emergency room
  - d. Call 911
  - e. Call your insurance company for instruction
5. I agree that these conditions are part of my counseling contract with my Therapist and are effective immediately and indefinitely.

Signed: _____	_____
Client	Therapist
_____ Printed Name of Client	_____ Printed Name of Therapist
_____ Date	_____ Date