



Shine a Light Counseling Center
735 Chestnut St. Suite C
Santa Cruz, California 95060
Phone: 831-996-1222
www.shinealightcounseling.com

No Harm Contract

I, _____ take responsibility for my safety and agree not to harm myself in any way. I understand that if I am having suicidal thoughts, I will call my counselor at _____.

If I cannot reach my counselor immediately, I will tell the nearest responsible person/adult or I will contact the following and keep myself safe:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

☐ Release of Information signed to allow counselor to contact the above support people in the event of a crisis

If I am unable to tell or contact a specific person, I agree to call the Monterey County Mental Health Crisis Line at 831-755-4111, Suicide Prevention at 877-663-5433, or 9-1-1.

By signing this, I am agreeing to keep myself safe.

Client Signature

Date

Counselor Signature

Date

☐ Copy provided to client