

Crisis/Safety Plan

I agree to the following actions in the event of a mental health crisis to keep myself and/or others safe.

If it is not life-threatening, I will call one or more of the below listed individuals

* Michelle M. Klein, LPC (814) 466-9322

*Centre County 24-hour Can Help 1-800-643-5432

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If it is life threatening, I will

_____ Go to the nearest hospital emergency room.

_____ Call 911.

_____ Call the Centre County Can Help Line at 1-800-643-5432.

I have been offered a copy of this plan and accepted/declined (circle one).

Signature _____

Date _____

Witness _____

Date _____