

**Jacquelyn M. Harlan, LMFT**  
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**SAFETY PLAN**

I agree that I will not do anything that would cause harm to myself or anyone else for the following length of time: \_\_\_\_\_.

I am responsible for my own actions. If I feel that my life is becoming too difficult, I agree to do one or more of the following actions so there is no harm to myself or others.

1. \_\_\_\_\_

Or

2. \_\_\_\_\_

Or

3. \_\_\_\_\_

or I will call 911 or go to my nearest emergency room.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date