

Dr. Jacquelyn M. Harlan, LMFT
License #: 89995
9550 Warner Ave., Ste. 250-08
Fountain Valley, CA 92708
(714) 593-2336

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

Dr. Jacquelyn M. Harlan, LMFT

Date