

Safety Contract

I, _____, sign this contract to signify that I am both physically and emotionally safe to myself, and those around me. I understand that I am expected to learn the rules, participate in therapy, complete my admissions assignments, and work with the Treatment Team on establishing my Treatment Plan.

I understand that I must ask permission to go anywhere and do anything. I understand that I may not be alone until I reach Exploration Phase.

I understand that if I harm myself or another person or animal or if I damage the facility purposefully in any way, that I may be again placed on Safety Phase.

Signed: _____ Date: _____

Therapist Signature: _____ Date: _____

Lead Supervisor Signature: _____ Date: _____