



Safety Contract

I, _____, contract that I will not try to harm others or myself in any way while receiving counseling services from First Step Counseling Services, Inc. If I have any suicidal/ homicidal ideas or thoughts, aggressive impulses, destructive episodes, runaway, sexual acting out or promiscuity, or legal/ illegal substance use, I will use the emergency contact list below to obtain help immediately.

Emergency Contact List:

Behavioral Health Link (GA crisis line) 1-800-715-4225

Social Worker: _____ **Therapist:** _____

Suicide Hotline at 1-800-784-2433

First Step Counseling Services 770-956-1170

Pierre Hixon, Director of Clinical Operations, 678-836-8113

Garry Hankerson, Program Manager, 770-309-2983

Or call 911 for immediate assistance.

Additional Safety Precautions:

Consumer's Signature (if 12 or older)

Date

Parent/ Legal Guardian's Signature

Date

Social Worker's Signature

Date

Case Supervisor's Signature

Date