

(Confidential Client Information)

TEXAS WESLEYAN UNIVERSITY COMMUNITY COUNSELING CENTER

## PERSONAL SAFETY AGREEMENT

I, \_\_\_\_\_, agree that I will not harm **myself or others** while I am  
(client)

in counseling with \_\_\_\_\_ of the Texas Wesleyan University  
(Student Counselor/Counselor)

Community Counseling Center. I also agree that if I find I am feeling strong desires to inflict bodily harm to **myself or anyone else, I will not do so**. Instead I will call Texas Wesleyan University Community Counseling Center to **schedule and keep** an appointment with my counselor. If I can't reach my counselor at the Texas Wesleyan University Community Counseling Center, I agree to seek emergency medical/psychological attention at the nearest hospital or mental health center. I also agree to remove any firearms, secure all medications/potentially lethal substances from my home/residence and release them to the care of my next of kin or anyone who will store them in a safe, undisclosed location for my protection. If none of these options are available, **I will call:**

**817-335-3022** (Crisis & Screening -Tarrant Co. MHMR)

**1-866-672-5100** (Suicide & Crisis Center of North Texas)

**1-214-828-1000** (24/7 Crisis Hotline)

**1-800-273-TALK (8255)** (24/7 Hotline -Talk National Suicide Prevention)

**1-800-SUICIDE (1-800-784-2433)** (24/7 Suicide Prevention - Nation-wide Hotline)

**1-888-628-9454** (Spanish-speaking)

**1-800-273-TALK (8255) then press 1** (Veterans Crisis Line)

**1-800-799-4TTY (4889)** (Hearing impaired)

\_\_\_\_\_  
(Client **Signature**)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Counselor/Counselor **Signature**)

\_\_\_\_\_  
(Date)

### **\*\*PLEASE NOTE STATEMENT BELOW\*\***

*FAILURE TO COMMIT TO THIS PERSONAL SAFETY AGREEMENT MAY RESULT IN YOUR COUNSELOR NOTIFYING YOUR NEXT OF KIN OR SOMEONE ELSE WHO MAY BE ABLE TO ESTABLISH A "SUICIDE WATCH." IN EXTREME CIRCUMSTANCES, YOUR COUNSELOR MAY EXERCISE THE RIGHT/RESPONSIBILITY TO INFORM THE APPROPRIATE CIVIL AUTHORITIES WHICH COULD LEAD TO HOSPITALIZATION.*

Copy given to client  Yes  No

(Fort Worth Police phone no. for Welfare Check: 817-335-4222)

(Arlington Police phone no. for Welfare Check: 817-274-4444)