## (Confidential Client Information) TEXAS WESLEYAN UNIVERSITY COMMUNITY COUNSELING CENTER

## **FAMILY SAFETY AGREEMENT**

I,(client)	, agree that I will not harm my family or myself while						
in counseling with(Student	Counselor/Counselor) of the Texas Wesleyan University						
Community Counseling Center. I als	so agree that if I find I am feeling strong desires to inflict bodily						
harm to myself or my family, I will	not do so. Instead, I will call Texas Wesleyan University						
Community Counseling Center to so	chedule and keep an appointment with my counselor. If I can't						
reach my counselor at the Texas Wo	esleyan University Community Counseling Center, I agree to see						
emergency medical/psychological at	ttention at the nearest hospital or mental health center. I also						
agree to remove any firearms, secur	re all medications/potentially lethal substances from my						
home/residence and release them to	o the care of my next of kin or anyone who will store them in a						
safe, undisclosed location for my pro	otection. If none of these options is 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)							
<b>1-800-SUICIDE (1-800-784-2433)</b> (24/7 Suicide Prevention - Nation-wide Hotline)							
<b>1-888-628-9454</b> (Spanish-speaking)							
1-800-273-TALK (8255) then press 1 (Veterans Crisis Line)							
1-800-799-4TT	Y (4889) (Hearing impaired)						
(Client Si	ignature) (Date)						
(Student Counselor/C	Counselor <b>Signature</b> ) (Date)						
**PLEAS	SE NOTE STATEMENT BELOW**						

FAILURE TO COMMIT TO THIS FAMILY SAFETY AGREEMENT MAY RESULT IN YOUR COUNSELOR NOTIFYING YOUR NEXT OF KIN OR SOMEONE ELSE WHO MAY BE ABLE TO ESTABLISH AN "INTERVENTION" OR IN EXTREME CIRCUMSTANCES YOUR COUNSELOR MAY EXERCISE THE RIGHT/RESPONSIBILITY TO INFORM THE APPROPRIATE CIVIL AUTHORITIES WHICH COULD LEAD TO HOSPITILIZATION OR POSSIBLE DETAINMENT.

Conv	aiven	tο	client	☐ Yes	□ No
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(Fort Worth Police phone no. for Welfare Check: 817-335-4222) (Arlington Police phone no. for Welfare Check: 817-274-4444)