

Lily Health and Wellness Center

Phone: 240-425-4487

Fax: 240-425-4255

Email: admin@lilyhealthmd.com

Client Safety Plan Agreement

This Safety Plan Agreement is intended to support my personal safety and well-being during times of emotional distress or suicidal thoughts. By signing this document, I acknowledge my responsibility to follow the steps outlined below and to seek immediate help when needed.

Client Information

Client Name: _____

Safety Commitment

I acknowledge that if I begin to feel suicidal or believe that I may harm myself, I agree to take the following actions:

- I will **not attempt suicide**.
- I will immediately contact a trusted individual listed below.

Emergency Contact (Name & Phone Number):

Professional and Crisis Support

If I am unable to reach **Dr. Similade Adetunji** or my assigned provider, I agree to contact one or more of the following resources:

- **National Suicide Prevention Lifeline:** 988 or 1-800-273-8255
 - **Suicide Hotline:** 1-800-784-2433
 - **Warmline (Maryland):** 410-768-5522
 - **Disaster Distress Helpline:** 1-800-985-5990
 - Text *TalkWithUs* to 66746 (English)
 - Text *Hablanos* to 66746 (Spanish)
-

Additional Support Persons

I agree to reach out to the following individuals for additional support if needed:

Name	Phone Number
____	____
____	____

Emergency Medical Care

If the above actions are not effective or available, I agree to present to the nearest emergency room or one of the following facilities:

Hospital Name	Address	Phone Number
____	____	____
____	____	____

If I am unable to access emergency medical care independently, I agree to call **911** and request immediate assistance.

Acknowledgment and Signature

I acknowledge that I have read, understand, and agree to follow this Safety Plan Agreement.

Client Signature: _____

Date: ____