CHOOSE TO LIVE CONTRACT

I, ________________________________________________________________

agree to the following terms of this Choose to Live Contract:

I will in no way try to harm myself or anyone else, intentionally or unintentionally. I further
agree that I will not use substances that may impair my ability to maintain this agreement. If I
should feel like harming myself or others or begin to feel like using substances that impair my
ability to maintain this agreement, I will first:

(1) Contact my therapist. The number to call is: 303-399-9988 (office).

(2) If I am unable to reach my therapist, I will call: ________________________________
Relationship: __________________________, at: ________________________________

(3) If for some reason I am unable to get in contact with ________________________ or my
therapist, the psychiatric emergency facilities at the following sites have telephone lines
open 24 hours a day, including evenings, weekends, and holidays, to handle my crisis.

• Denver Health Psychiatric Emergency Services 303-602-7221
• Colorado Crisis Services/RM Crisis Partners 1-844-493-8255 (TALK)
• National Suicide Prevention Lifeline 1-800-273-8255 (TALK)
• Para La Prevencion de la Suicidio (Español) 1-800-273-8255 (TALK)

(4) I can also text Colorado Crisis Services by texting TALK to 38255

(5) If I need immediate emergency assistance I will call: 9 - 1 - 1

(6) I understand I can reach any of the above numbers through RELAY Colorado if I need to
access TDD services. The number to RELAY Colorado is:

• VOICE: 1-800-659-3656
• TDD: 1-800-659-2656

(7) Other people or organizations that can help me are: ______________________________

My therapist agrees to provide the following:

(1) Consultation
(2) Supportive Services
(3) Hospitalization or other measures to provide a protective environment

I have read this information and agree to not harm or attempt to harm myself or others.

Client Name: ________________________________________________________________

Client Signature: _____________________________________________________________ Date: __________________

Therapist/Witness: ____________________________________________________________ Date: __________________

Last Update 9/28/2017