



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 room at the following hospitals have telephone lines open 24 hours a day, including evenings, weekends, and holidays, to handle my crisis.
 - **Denver Health Medical Center Psychiatric Emergency** **303-436-6266**
 - **University Hospital Emergency Psychiatric Services** **303-372-6666**
 - **Columbia Behavioral Health Support Line** **303-869-1999**
 - **Mental Health Corp of Denver Intake & Emergency** **303-377-4300**
- (4) If I need immediate emergency assistance I will call: **9 - 1 - 1**
- (5) 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**
- (6) 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 9/11/2007