

**CHERRY CREEK PSYCHOTHERAPY, LLC
1660 SOUTH ALBION STREET
SUITE 1025
DENVER, COLORADO
80222**

Safety Plan

I, _____, promise not to hurt myself or anyone else. By signing this agreement, I understand that if I do not follow the terms of this agreement, I may be terminated from either group or individual therapy with Cherry Creek Psychotherapy, LLC.

If I am feeling isolated, sad, fearful, overwhelmed, stressed out, angry or hopeless, and/or notice any "early warning signs such as:

I agree that I may be at risk for danger to myself or others and will call:

- 1) My individual therapist: _____.
- 2) Patrick Cole, Rachael Price, Carissa Westerfield or Ben Digati, at Cherry Creek Psychotherapy, LLC.
- 3) Metro Crisis Services at **1-844-493-8225**.
- 4) Metro Crisis Center at **303-928-7100**.
- 5) Colorado Suicide Prevention Hotline at **303-860-1200**.
- 6) Youth Support Hotline at **303-894-9000**.
- 7) My Psychiatrist: _____.
- 8) Or I will go to the nearest Hospital Emergency Department for an assessment.

I also agree to the following conditions:

- 1) Keep all outpatient appointments.
- 2) Have all medications monitored or removed by _____.
- 3) Make appointment with my therapist for his/her next emergent opening.
- 4) Have family/friends check in with me for the next _____ days.
- 5) No alcohol or drugs from _____ to _____.

Print Full Name

Signature

Date