

S.A.F.E. ALTERNATIVES® 30 Day-Intensive Program

No-Harm/Safety Contract (Treatment Participation Agreement)



As a candidate for S.A.F.E. ALTERNATIVES®, I recognize that self-injury interferes with all aspects of my life. I am committed to treating my problem and to stopping all self-injurious behaviors. I am aware of and agree to the following guidelines for my treatment.

1. No self damaging, or property damaging behavior throughout my hospital stay. I understand that I am being asked to verbalize my feelings, not to use destructive actions to convey my feelings. Failure to comply may lead to dismissal from S.A.F.E. ALTERNATIVES®.
2. If I have a concurrent eating disorder, I agree to follow treatment recommendations to address this problem. I understand that restriction, bulimia, and anorexia all constitute eating disorders. I also understand that failing to comply may lead to dismissal from S.A.F.E. ALTERNATIVES®.
3. Physical threats, stealing, assaultive behavior, or the use of non-prescribed drugs or alcohol may lead to dismissal from S.A.F.E. ALTERNATIVES®. I understand that discussing graphic details surrounding my self-injury constitutes an assault on my program, as well as on other patients' programs.
4. Sexual contact with others and elopement may lead to discharge from S.A.F.E. ALTERNATIVES®.
5. All rules of this hospital apply equally to patients at S.A.F.E. ALTERNATIVES®.

Patient Signature

Date

Staff Signature

Date