Blooming Lotus Counseling, LLC

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SELF-CARE PLAN

1. People that participate in therapy sometimes experience one or more of the following conditions:
   - Self-harm (thoughts/feelings/behaviors to hurt, cut, hit, burn, etc. one's self)
   - Aggression (thoughts/feelings/behaviors to hurt, break things, threaten, cut, hit, burn, etc. others)
2. If you ever experience such thoughts, feelings, or behaviors, this document is a Self-Care Plan intended to facilitate you in seeking out help and assistance.
3. By signing this document, you are agreeing to the following statements and actions:

   (a.) I understand that there are people available to help me.

   (b.) I also understand that getting the help and assistance I need might take some time.

   (c.) I agree not to do anything to harm myself or others in any way while I am seeking out help and assistance. This includes any kind of overt or passive acts of danger to myself or others.

   (d.) Overt acts are intentional acts to harm myself or others. Passive acts involve putting myself or others in possible danger, such as not looking when crossing a street or engaging in unprotected sexual activities.

   (e.) If, at any time, I should feel unable to resist impulses to self-harm, to act-out aggressively, or to engage in harmful behaviors, I agree to do several of the following options:

   - Self-care activities: _____

     _____

     _____
   - Call a relative, friend, or sponsor:

     Name: _____ Phone: _____

     Name: _____ Phone: _____

     Name: _____ Phone: _____
   - Call Behavioral Health Link/GCAL: 800-715-4225
   - Visit a local Emergency Room
   - Call 911

   (f.) I also agree to call my therapist at Blooming Lotus Counseling and tell her. I understand that my therapist will return my call within 48 hours unless otherwise negotiated.
4. This Self-Care Plan begins immediately and will remain in effect for the duration of your therapy with Blooming Lotus Counseling. Your agreement to this plan illustrates your commitment to work through any thoughts, feelings, and behaviors at this time as well as in the future.
5. Your signature below indicates that you have read and understand what is being requested of you, and you agree to uphold this Self-Care Plan without exception.

_____ _____

Recipient of Services (Signature/Date Therapist (Signature/Date)