

**Elaine M. Iwanski
MFT 29087**

**□ 2428 K Street
916-505-1524**

I, _____, do hereby promise not to harm myself in any way. If plans of harming myself formulate in my mind, I will not act upon them. Instead, I will make an appointment for a face-to-face session with my counselor. If that is not possible, I will tell someone I trust about my feelings or contact one of the following:

Name	Phone number
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Suicide Prevention	916-441-1135
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Mobile Outreach	916-732-3755
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Emergency	911
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Elaine Iwanski	916-505-1524
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Signature	Date
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Witness