

## Save the Relationship Agreement:

Accepting that we are dealing with mental conditions that have produced behavior in the past that the client and family agree appeared erratic, unpredictable, and gave concern for the client's well being, we agree on the following:

As a member of \_\_\_\_\_'s family or as a person that shares a living space, or as another member of the team:

I promise not to call the police, sheriff, other law enforcement or CIT officers if/when the behavior changes and I am concerned for the well being of my family/friend/client.

I will not take them to a hospital or drop them off at a Psych Clinic or other Mental Health facility, except at their clear and unwavering request. I will not check them in or abandon them there against their will.

Instead, I agree to the following course of action that the client has defined and requested:

1) The first person on the team anyone should call is:

\_\_\_\_\_

2) The off hours/overnight phone number to reach this same person is:

\_\_\_\_\_

3) If unavailable the next person to call is:

\_\_\_\_\_

or:

\_\_\_\_\_

After there has been a clear discussion between myself and the trusted team member above, if the decision to take any of the above actions is made, we agree and understand that this was the decision of more than one person on the team and was made in their best interests. The Crisis Plan details information necessary and actions to take that we have thought out in advance.

NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

NAME: \_\_\_\_\_

Signature: \_\_\_\_\_