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Commitment to Treatment

I, _____, am making a commitment to myself and to my therapist, Mason Kelly, LCSW to participate to the best of my ability in the therapeutic process of psychotherapy. I will promise to do no harm to myself or others. I will commit to healthy, self-caring behavior throughout the course of my treatment. I will commit to achieve my treatment goals. If I feel or believe that I may harm myself or anyone else during the course of my treatment, I will do the following:

1. _____
2. _____
3. _____
4. _____
5. Call 911 or go to the nearest emergency room.

These are the following individuals I will contact:

1. _____ at #: _____
2. _____ at #: _____
3. _____ at #: _____
4. _____ at #: _____
5. _____ at #: _____

Or, if I cannot contact these individuals, I will immediately call the

Suicide Crisis Hotlines at#: (800) 273-8255 (TALK)

or: (800) 442-4673 (HOPE)

client signature

date