



Crisis Plan Agreement

I, _____, agree to take the following actions to obtain assistance should I be in crisis.

Immediate Risk:

If I am at *immediate risk* for harming myself or someone else, I will call *911*, explain my risk and provide identification and location information.

Crisis at Night:

If I am *in crisis* and it is between the hours of **5 pm** and **8 am**, I will:

- 1) Call my physician's after hours number and explain my crisis. My doctor's name is _____ and the after hours number is _____.
Or
- 2) Call the King County Crisis line at (206) 431-3222 and explain my crisis. To ensure my safety I agree to give my full name and whereabouts if asked for that information.
Or
- 3) Have someone take me to a hospital emergency room. And
- 4) As soon as I am able, I will call Dr. Yee and inform him of my status or authorize someone else to do so.

Crisis Morning to Evening:

If I am *in crisis* and it is between the hours of **8 am** and **5 pm**, I will:

- 1) Leave a message for Dr. Yee at (206) 725-6617.
- 2) Page Dr. Yee at (206) 725-6617. I understand that Dr. Yee will make every effort to listen to my message within the hour and return my call.
- 3) If I do not hear from Dr. Yee within that hour or I cannot wait one hour, I agree to follow steps 1, 2, or 3 from the *Crisis at Night* agreement above.

I understand that Dr. Yee is not a physician and does not have admitting privileges at any hospitals. Therefore, should I require hospitalization, my doctor or the King County Crisis team may need to be informed. I further understand that if I am unable to follow this crisis plan agreement, Dr. Yee may refer me to other mental health resources and may decide to terminate our treatment if he decides this appropriate.

Signature

Date

Witness Signature

Date