

LUMINOX HEALTHCARE SERVICES LLC

CLIENT SAFETY PLAN

Maryland

16701 Melford Blvd, Suite 400
Bowie, MD 20715

District of Columbia

2001 L St NW, Suite 500
Washington, DC 20036

Virginia

3900 Westerre Pkwy, Suite 300
Richmond, VA 23233

Phone: (240) 753-7276 · Fax: (240) 753-7279 · Email:
contact@luminoxmentalhealth.com

If I or someone else is in immediate danger, has made a suicide attempt, has a life-threatening medical emergency, or cannot remain safe, I will call 911 or go to the nearest emergency department.

For a mental health, suicide, substance-use, or emotional crisis, I may call or text 988 or use the 988 Suicide & Crisis Lifeline chat.

This Safety Plan is designed to help me recognize when a mental health crisis may be developing and identify specific actions and resources I can use to help maintain my safety.

This plan is developed collaboratively between me and my healthcare provider when clinically appropriate. It does not replace professional clinical assessment, emergency care, or other treatment recommended by my healthcare provider.

Patient information

Full Legal Name: _____

Date of Birth: _____

Date Safety Plan Completed/Updated:

Current Address: _____

Telephone Number: _____

State/jurisdiction where I am currently receiving care:

- ☐ Maryland
- ☐ District of Columbia
- ☐ Virginia
- ☐ Other: _____

Step 1 — My warning signs

I will identify thoughts, feelings, situations, behaviors, physical sensations, or other warning signs that may indicate that I am becoming overwhelmed or that a crisis may be developing.

1. _____
2. _____
3. _____
4. _____

Examples may include significant changes in mood, increasing hopelessness, withdrawing from others, severe anxiety or agitation, increased substance use, thoughts of self-harm or suicide, feeling trapped, inability to sleep, or other changes that are personally meaningful to me.

Step 2 — Internal coping strategies

Before the situation becomes more severe, I can try activities that may help me manage distress without immediately needing another person.

1. _____
2. _____
3. _____
4. _____

Examples may include taking a walk, listening to music, breathing or grounding exercises, engaging in a safe activity, prayer or meditation if personally meaningful, exercise, journaling, spending time with a pet, or another healthy coping strategy that has helped me.

Step 3 — People and places that can provide distraction or support

When coping on my own is not enough, I can connect with safe people or go to safe places that may help me feel less isolated or distressed.

Person/Place #1: _____

Telephone: _____

Person/Place #2: _____

Telephone: _____

Person/Place #3: _____

Telephone: _____

Step 4 — People I can ask for help during a crisis

If my distress increases or I am concerned about my ability to remain safe, I can contact someone I trust and tell them that I need help.

Support Person #1

Name: _____

Relationship: _____

Telephone: _____

Support Person #2

Name: _____

Relationship: _____

Telephone: _____

Support Person #3

Name: _____

Relationship: _____

Telephone: _____

I give permission for my healthcare provider to involve the following support person in implementing this Safety Plan when clinically appropriate and permitted by law:

Name: _____

Telephone: _____

☐ Yes ☐ No

This selection does not replace a separate Authorization for Release of Information when one is legally required.

Step 5 — Professional and crisis resources

If the strategies above are not sufficient, if my symptoms are worsening, or if I am concerned about my safety, I can contact professional help.

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Important: Routine calls, emails, portal messages, and appointment requests to Luminox Healthcare Services LLC are not emergency services and may not be reviewed immediately.

988 Suicide & Crisis Lifeline — call or text 988

988 provides 24/7 crisis support for people experiencing suicidal thoughts, emotional distress, mental health concerns, or substance-use concerns.

- Veterans, service members, and their loved ones: call 988 and press 1, or text 838255.
- Spanish: call 988 and press 2. Spanish-language text support is also available by texting AYUDA to 988.

Step 6 — Emergency care

If I believe I am in immediate danger, have made a suicide attempt, have seriously injured myself, have an overdose or other medical emergency, am at imminent risk of harming myself or someone else, or cannot maintain my safety: **I will call 911 or go to the nearest emergency department.**

If possible and safe, I may ask a trusted person to stay with me or assist me in obtaining emergency care.

My preferred/nearest emergency department

Hospital/Emergency Department:

Address: _____

Telephone: _____

I understand that I am not required to use the hospital listed above. In an emergency, I should use the nearest or most appropriate emergency service available.

Step 7 — Making my environment safer

An important part of my Safety Plan is reducing access to things I could use to seriously harm myself during a crisis. Together with my provider and/or trusted support person, when appropriate, I will identify reasonable steps that can make my environment safer.

Potential safety concern: _____

How I will reduce or restrict access:

Person who can help me: _____

Telephone: _____

Additional safety step: _____

This may include developing an individualized plan for safely securing or temporarily limiting access to medications, firearms, weapons, toxic substances, or other potentially dangerous items when clinically indicated. Lethal-means safety is an important component of contemporary safety planning; the goal is to create time and distance between a person experiencing an acute suicidal crisis and potentially lethal methods.

Step 8 — Reasons for living / what is important to me

People, responsibilities, beliefs, goals, relationships, experiences, or other things that are important to me and may help me remain connected to life include:

1. _____

2. _____

3. _____

4. _____

What I will do if my safety worsens

If I notice my warning signs, I will use this Safety Plan beginning with coping strategies and available supports.

If these steps are not helping, my symptoms are rapidly worsening, I develop suicidal thoughts or urges that I am concerned I may act upon, or I am otherwise unable to maintain my safety, I will seek additional professional or crisis assistance. I may call or text 988; contact an appropriate crisis service; seek assistance from a trusted support person; go to the nearest emergency department; or call 911 when there is immediate

danger or a life-threatening emergency.

I understand that I do not need to wait until I have tried every step of this Safety Plan before seeking emergency assistance.

Important information about this Safety Plan

- This is a Safety Plan, not a promise or “no-suicide contract.”
- Completing or signing this plan does not guarantee that a crisis will not occur.
- This plan does not replace clinical suicide-risk assessment, psychiatric treatment, psychotherapy, medication management, emergency evaluation, or hospitalization when clinically indicated.
- I may seek emergency or crisis services at any time if I believe they are needed.
- I am encouraged to keep this plan somewhere that is readily accessible during a crisis.
- I am encouraged to review the plan periodically with my healthcare provider and update it when my circumstances, supports, treatment, or risk factors change.
- I may share this Safety Plan with trusted individuals who can help support my safety.
- My healthcare provider may take appropriate actions when there is a serious or imminent safety concern, consistent with applicable law and professional responsibilities.

Patient acknowledgment

I participated in developing this Safety Plan to the extent clinically appropriate. I understand the steps and resources identified in this plan and have had an opportunity to ask questions. I understand how to contact 988, when to call 911, and when to seek emergency medical or psychiatric care.

My signature acknowledges my participation in and receipt or review of this Safety Plan. My signature is not a promise that I will never experience suicidal thoughts, self-harm thoughts, or a mental health crisis, and it does not waive any of my legal rights.

Patient Full Legal Name: _____

Patient Signature: _____

Date: _____ Time: _____

Parent/guardian/legally authorized representative — if applicable

Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____ Time: _____

Clinician section

Clinician Name: _____

Clinician Signature: _____

Date: _____ Time: _____

- Safety Plan reviewed collaboratively with patient: ☐ Yes
- Copy provided or made available to patient: ☐ Yes
- Support person involved, when appropriate: ☐ Yes ☐ No ☐ Not applicable
- Lethal-means safety discussed when clinically indicated: ☐ Yes ☐ No ☐ Not applicable

Follow-up/other clinical actions: _____
