

My Safety Action Plan



There may be a time when you will need help. Writing a clear plan will be helpful to you and your support people. It will help you handle this time safely and quickly. Here is a worksheet you can fill out that includes a lot of this important information. Be sure to add other important information you need that may not be listed here.



When is it a crisis?

What I look like when I am well:

What I may look like when I am in crisis:

When I cannot take care of myself, I would like the following people to make health and/or behavioral health decisions for me (in order):

Name	Phone	Address
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I DO NOT want the following people to make decisions about my health and/or behavioral health:

Name	Phone	Address
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Medical

Below are the doctors and behavioral health workers that I see:

Name	Role	Phone
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Below is a list of medications that I am currently taking: (prescription and over-the-counter)

Name	Amount and Time
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My pharmacy information:

Name	Phone	Address
------	-------	---------

I can NOT take these medications:

Name	Reason
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Care Plan

Hospitals I prefer:

Hospitals I would like to avoid:

Things others can do to help me feel better:

Things others should not do because they make me feel worse:



Support Team The following are names and contact information of people in my support team who can help with other tasks if needed (child or pet care, errands, paying bills, etc.)

Name

Phone

Address

Be sure to review your plan with your family and support people and give them a copy. Things will go better if you and your support people know what to do and expect.

For a copy of this letter in another language, call Member Services at 1-866-769-3085 (TTY 1-855-742-0123).
Para una copia de correspondencia en Española llame a servicio al miembro a 1-866-769-3085 (TTY 1-855-742-0123).

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