

# How to fill out a Declaration for Mental Health Treatment Form

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## Instructions

It is entirely your choice as to whether or not you want to have a **Declaration For Mental Health Treatment (Declaration)**.

Before you fill out your **Declaration**, you should carefully read the “NOTICE TO PERSON MAKING A DECLARATION FOR MENTAL HEALTH TREATMENT” as well as the “NOTICE TO PHYSICIAN OR PROVIDER,” which are found on pages 8 through 9 of the **Declaration** form. These notices give you some general information about the **Declaration**.

Once you make your **Declaration**, it stays in effect for three years unless you revoke it. After three years, it is not valid. You need to sign a new **Declaration**. If you are incapable at the end of three years to sign a new **Declaration**, the **Declaration** stays in effect until you are capable again.

If you decide that you do not want to have a **Declaration** or you want to change it, you can. To revoke the **Declaration**, you tell your doctor, your provider and anyone else who has your **Declaration** that you do not want it to be in effect. To be safe, you should do this in writing or get all the copies of the **Declaration** and tear them up. Also, you cannot revoke your **Declaration** during a time when you have been found incapable.

If there is anything in this document that you do not understand after reading the notices and the following instructions, then you should ask an attorney to explain it to you.

## **How To Fill Out A Declaration For Mental Health Treatment Form**

### **First Things First**

First, you must be mentally competent to make a **Declaration**. Second, you need an official form to fill out. You cannot make a legal **Declaration** without one, the form attached to these instructions is official and will be valid if it is correctly filled out, signed and witnessed.

To be valid and effective the form must:

- a. Contain your name.
- b. Be signed and dated by you.
- c. Be signed and dated by two witnesses who were present when you signed the **Declaration**. They must believe you are mentally competent at the time you sign the form.
- d. Contain your instructions about mental health treatment.

### **Follow these steps to make a legally valid Declaration for Mental Health Treatment:**

#### **Step 1. Name**

Print or type your name legibly on the first line of the form after the word “I”.

#### **Step 2. Choice of Decision Maker**

In the next section, you must choose who will make decisions for you if you become incapable of giving consent for mental health treatment.

You can choose either the person who will be treating you or a “Representative”. Place your initials on the line next to your one choice.

Although the form does not say so, some people cannot act as your “Representative”. People who CANNOT be your “Representative” are:

- Your doctor, mental health service provider, or an employee of your doctor or provider, unless you are related to that person.
- An owner, operator, or employee of a health care facility where you live or are a patient, unless you are related to that person.

If you do not appoint a “Representative” or if the person you appoint does not accept appointment or is disqualified from serving, all of the other instructions in the Declaration are still valid.

#### **Step 3. Appointed Representative**

If you choose a “Representative”, then fill in each blank with the information requested about that person on page 3 of the form. If you choose to designate someone to be the alternate to your “Representative”, then complete the information regarding the alternate “Representative” also on page 3 of the form.

#### **Step 4. Directions For Mental Health Treatment**

The next part of the form, which is entitled “DIRECTIONS FOR MENTAL HEALTH TREATMENT” is where you put your instructions about the mental health treatment you want and don’t want. Your directions may include your wishes regarding medications, admission and staying at a mental health treatment facility (for no longer than 17 days), convulsive treatment as well as outpatient services. This section is divided into 3 separate parts, which are addressed in this instructions section as step 4A, step 4B and step 4C.

#### **Step 4A. Mental Health Treatments That You Consent To**

On page 4 of the form, under the “DIRECTIONS FOR MENTAL HEALTH TREATMENT” is where you put instructions about what types of mental health treatment you want to approve. If you want specific instructions to be followed by a provider or your “Representative”, those instructions must be put here.

- If you want to give consent for certain types of drugs, then you should specify which particular medications you approve.
- If you want to give consent to any drug the doctor may recommend, state “I give consent for any medication that my doctor recommends for me.”
- If you want to limit your consent in any way, such as to maximum dosage, or you want certain information considered such as allergies you may have, you may add these instructions or information. You may specify your conditions or limitations. You may also state why a specific medication in a specified dosage should be used.
- If you have a “Representative”, it will be assumed that your “Representative” must consent to the dosage and type of medication.
- If you agree to short-term inpatient treatment, you may so specify. You may also specify the particular facility and/ or provider you consent to for this short-term inpatient treatment.
- You may agree to convulsive treatment, which includes “shock treatment” or “ect”(electroconvulsive treatment). If you want to make a decision in advance about this sort of treatment, you may do so in this section or in step 4B. You may include a limitation on the number or type of treatments you consent to or a direction to consult your “Representative” for these decisions.

If you state that you consent to any sort of mental health treatment, you will not necessarily receive it. A doctor must first recommend the treatment for your condition. Your consent does not give a doctor the right to make improper recommendations.

#### **Step 4B. Mental Health Treatments That You Do Not Consent To**

The next set of spaces for you to fill in on the form, at the top of page 5, is where you put instructions about what types of mental health treatment you do not consent to. If you want specific instructions to be followed by a provider or your “Representative”, then those instructions must be put here. You should be aware that you may be treated without consent if you are held pursuant to civil commitment law or are in an emergency situation where your life or health is endangered.

- If you do not want to give consent for certain types of drugs or dosage, state that “I do not consent to the administration of the following medications.” and write down the names or types of drugs you are refusing.
- If you want to refuse to consent to taking all drugs, write: “I refuse to consent to taking all medications”.
- If you want to explain your refusal of consent, this can be specified. For example, you may corroborate your refusal by documenting the adverse effects, allergies or mis-diagnosis you have experienced from a particular medication and/ or mental health treatment.
- If you do not agree to short-term inpatient treatment, you may so specify. You may also specify that you do not agree to a particular facility and/or to a particular provider for this short-term inpatient treatment.
- If you do not agree to convulsive treatment and want to make a decision in advance about this sort of treatment, which includes “shock treatment” or “ect” (electroconvulsive treatment), you may so state.

#### **Step 4C. Additional Information About Your Mental Health**

At the top of page 6 is where you put additional information about your mental health needs. You may include anything relevant to your wishes regarding your mental health treatment in this section. The form asks you to consider mental health history; physical health history; dietary requirements; religious concerns; people to notify; and other matters of importance. “Other matters of importance” could be anything related to the treatment that you feel may improve your mental health.

- For example, you can say, that when you are really upset, what calms you down the most is to sit quietly in a dark room, with the door left open. On the other hand, you can specify that the worst thing for you when you are really upset is to be placed in a locked room. The doctor does not have to follow these instructions, but if the doctor is aware of what works and what does not work, s/he may be willing to treat you according to your wishes.
- If you recognize through your experience that regular participation in a consumer run drop-in center provides you with the greatest sense of relief, then you can request that your therapy include participation in a consumer run drop-in center. Your choice does not guarantee that any such program will be available.
- If you would like to ensure that somebody is or is not told that you are in crisis/ in the hospital, then you may so specify.

#### **Step 5. Your Signature**

Sign and date the form at the bottom of page 6. Do this in front of two witnesses. Your signature must appear in this place for any part of the directive to be effective.

#### **Step 6. Affirmation of Witnesses**

Have your two witnesses sign and date the form on page 7 in the section headed **“Affirmation of Witnesses”**.

Some people CANNOT act as witnesses. People who CANNOT act as your witnesses include:

- Your “Representative” or alternate “Representative”. Anyone you appoint in step 2 (“choice of decision Maker”) cannot be a witness.
- A physician or mental health service provider who is treating you, or a relative of a person who is treating you. Your case manager, any doctor who is treating you while you are in the hospital, your counselor or private psychiatrist cannot serve as witnesses.
- The owner or operator of the facility where you live, or a relative of one of these people. For example, if you live in a group home, the owner or staff of the group home cannot serve as witnesses. The same is true of staff at nursing homes, foster homes, board and care homes, etc.
- A person related to you by blood, marriage or adoption.

When the witnesses sign the form they acknowledge that:

- (1) you signed the **Declaration**;
- (2) *they believe you were mentally competent at the time you signed the form;* and
- (3) *they believe that you were not under duress, fraud or undue influence at the time you signed the form.*

### **Step 7. Others' Signatures**

If you have a “Representative”, then make sure that your “Representative” has signed and dated the acceptance of appointment on page 7. Likewise if you have an alternate “Representative”, make sure that your alternate “Representative” has signed and dated the acceptance of appointment on page 7.

### **Step 8. Hand Out Copies**

Make sure that you give copies of the completed form to any doctor, provider, or facility from which you expect to need treatment. If you have appointed a representative, make sure that this person also has a copy. Your instructions cannot be followed if they are not known to exist.