

# Advance Directive Mental Health Wishes

## Section 6. Mental Health Addendum *(optional)*

I authorize my Patient Advocate to make decisions regarding the following treatments if a physician and a mental health professional determine I cannot give informed consent to mental health care *(initial all that apply)*:

\_\_\_\_\_ Outpatient therapy

\_\_\_\_\_ Voluntary admission to a hospital to receive inpatient mental health services with the right to give three days' notice of my intent to leave the hospital

\_\_\_\_\_ Admission to a hospital to receive inpatient mental health services

\_\_\_\_\_ Psychotropic medication

\_\_\_\_\_ Electro-convulsive therapy (ECT)

\_\_\_\_\_ I give up the right to revocation effective immediately. If I revoke my designation, the revocation is effective 30 days after the date I communicate my intent to revoke.

My specific wishes about preferred mental health care such as hospital, professional or medication are listed here:

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Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_