

Treatment Advocate

As a consumer of mental health services, you have the right to designate a family member or other concerned individual as a Treatment Advocate. A Treatment Advocate is a family member or other concerned individual designated by a client in treatment and discharge planning, and acts in the best interest of and serves as an advocate for the client.

___ I DO NOT wish to designate a Treatment Advocate
_____ (sign)

___ I DO wish to designate a Treatment Advocate. (If marked yes, complete the rest of the form)

1. I, _____ (client name), appoint the following person to be my Treatment Advocate.

_____ names of Advocate
_____ Address
_____ Phone number

2. My treatment Advocate shall have the authority to make all decisions and to take all actions regarding mental health treatment including but not limited to the following: have access to obtain copies of and authorize release of my medical, mental health, and other personal information. The Treatment Advocate may participate in the treatment planning and discharge planning to the extent consented by myself, as a client, and permitted by law.

3. My Treatment Advocate is to be guided in making mental health decisions for me by what I have told him/her about my personal preferences regarding my care. Some of my preferences are recorded below and on the following pages as needed.

Specific Instructions Regarding my care I DO want: _____

Specific instructions regarding my care I DO NOT WANT: _____

4. Treatment Advocate Agreement

- As a Treatment Advocate, I will comply with all standards of confidentiality. I accept the clients designation of me as Treatment Advocate. I understand and agree to take reasonable steps to follow the desires and instructions of the client as indicated above, in other written instructions of the client and as we have discussed verbally.

5. Rights in regards to Treatment Advocate

- Verbal confirmations of the written information proposed in the form shall be permitted until such time as the Treatment Advocate can be present to sign the designated form.
- The client may change or revoke he designation of a treatment advocate. The original shall maintain in the client's record.
- The Treatment Advocate form shall be given to the client at each point of treatment planning and treatment planning reviewing to afford the client an opportunity for review and amendment.

(Client)

(Date)

(Treatment advocate)

(date)

(witness)

(date)