

## ADVANCE DIRECTIVE FOR MENTAL HEALTH TREATMENT

Client Name: \_\_\_\_\_ D.O.B. : \_\_\_\_\_

An Advance Directive is a set of written instructions that allows you to make decisions about your **future** medical care, and/or to designate somebody to make those decisions for you if you are no longer able to do so.

The Maryland Advance Directive includes:

- Appointment of a health care agent or advocate
- Your health care instructions
- A signature page where you and two witnesses sign the form to make the document official.

Writing down your instructions in an Advanced Directive is the best way to make sure everyone knows what you want.

I acknowledge that the Advance Directive for Mental Health Treatment has been clearly explained to me. (circle one)

- ☐ I currently have one and do not need to update it at this time.
- ☐ (16 and over) I have received a copy and will return it within (30) days of this consent.
- ☐ I am refusing to sign one at this time.

Signature of Client \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Custodial Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_