



REPORT ON THE USE OF ADVANCE DIRECTIVES FOR SUBSTANCE USE DISORDERS

Department of Children and Families
Substance Abuse and Mental Health Program Office

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Secretary

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I. EXECUTIVE SUMMARY

As part of Senate Bill 12, the 2016 Legislature directed the Department of Children and Families (Department) to convene a workgroup to study the feasibility of individuals using advance directives to express treatment wishes for substance use disorders, and to submit its findings to the Governor and Legislature by January 1, 2017.

Specifically, the workgroup was directed to “review the use of advance directives in mental health, the use of advance directives for substance use disorders in other states, and the use of similar legal instruments to express the treatment wishes of individuals suffering from substance use disorders.”

The Department convened the Substance Abuse Advance Directive Workgroup (Workgroup) in October 2016. The Workgroup was composed of individuals with expertise in the treatment of substance use disorders, persons with lived experience accessing behavioral health services, and legal experts. For a list of Workgroup members, please refer to Attachment I. The Department also reached out to additional community stakeholders to research the use and effectiveness of mental health advance directives and the feasibility of implementing advanced directives specific to substance use disorders.

In general, the Workgroup found that using advance directives that specifically address substance use disorders would be extremely challenging because competence is fluid for people with addictions. Within hours an individual may go from competent to incompetent and back, depending on their substance use. However, the Workgroup recognized the overall value for individuals with mental illnesses and substance use disorders to document preferences regarding their care in the event of a crisis or when they are unable to make decisions.

This report summarizes Workgroup findings related to advanced directives for substance use disorders in the context of:

- Changes in involuntary services as a result of SB 12;
- Current use of advance directives;
- Alternative instruments to express treatment wishes; and
- Recommendations for next steps.

II. BACKGROUND

The creation of the Workgroup to evaluate the feasibility of substance use advance directives has its roots in SB 1336, sponsored by Senator Jack Latvala, to honor a constituent who had died of an overdose. Filed in January 2016 and known as the Jennifer Act, the bill would have revised the criteria for involuntary admission of people with substance use disorders and provided for advance directives for them, including the naming of a surrogate. After unanimously passing two Senate committees, SB 1336 was merged with SB 12. Senator Latvala’s original 2016 version of the Jennifer Act described its intent as follows:

“The Legislature recognizes that an individual with capacity has the ability to control decisions relating to his or her own mental health care or substance abuse treatment...Individuals with substance abuse impairment or mental illness need an established procedure to express their instructions and preferences for treatment and provide advance consent to or refusal of treatment. This procedure should be less expensive and less restrictive than guardianship.”

Although this language was not included in SB 12, the Workgroup noted other provisions that addressed the intent by loosening restrictions on filing a Marchman Act petition. These are addressed in more detail in the next section.

III. SENATE BILL 12

By enacting SB 12, the 2016 Legislature created a coordinated system of care in which every region is responsible for ensuring people in need have access to the right services. The sweeping new law covers dozens of aspects of treatment delivery, from assessing the need for services to aligning the Baker Act rules and procedures with those of the Marchman Act. SB 12 went into effect on July 1, 2016.

As part of its charge from the Legislature, the Workgroup analyzed the alignment of the Baker and Marchman Acts to determine whether this would affect the need for advance directives specifically for substance-use disorders. Workgroup members concluded that certain provisions of SB 12 accomplished many of the goals earlier sought under the Jennifer Act. Specifically, the Workgroup found changes to the Marchman Act now allow more readily for the involuntary admission of people with substance use disorders. Some of these changes include:

- Eliminating the filing fee for petitioning a court to assess or treat someone under the Marchman Act;
- Expanding the number of professionals able to approve involuntary assessment or treatment under the Marchman Act;
- Reducing from three to one the number of notarized witnesses required to detain someone for involuntary assessment or treatment;
- Creating guardian advocates for those who are incompetent to consent due to a substance use disorder; and
- Changing the Baker Act to include individuals subject to involuntary admission under the Marchman Act in transportation and receiving system planning.

Furthermore, workgroup members cited changes to the Marchman Act that they believe will render moot the question of a health-care surrogate for substance-use disorders. In particular, they cited s. 397.675, F.S., which states that "A person meets the criteria for involuntary admission if there is good faith reason to believe that the person is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder:

- (1) Has lost the power of self-control with respect to substance abuse; and
- (2)(a) Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; or
- (b) Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another."

The Workgroup concluded that the statute allows for the involuntary admission of people with substance use disorders if they are harmful to themselves. There was discussion to the effect that SB 12 has not been fully "realized," since the legislation is new, and any impact it will have in the future remains to be seen.

IV. ADVANCE DIRECTIVES

IV.A. Use of Advance Directives in Mental Health

Florida does not have a dedicated mental health advance directive. Instead, individuals use Chapter 765, F.S., which deals with general health advance directives, to provide instructions or express a desire concerning any aspect of their health care or health information. This can include behavioral health. Section 765.101(5), F.S., defines health care to mean:

“care, services, or supplies related to the health of an individual and includes, but is not limited to, preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the individual’s physical or mental condition or functional status or that affect the structure or function of the individual’s body.”

In addition to allowing individuals to provide specific instructions and desires about their health care, Chapter 765 allows Floridians to appoint health care surrogates to make decisions about their treatment should they become incompetent to make their own medical decisions.

However, not all such instructions are binding. For instance, a person with a substance use disorder may designate a particular treatment facility in an advance directive, but the treatment facility may refuse to treat those who lack insurance coverage and cannot pay, regardless of the provisions in their advance directives.

"You have the right to prepare an advance directive when competent to do so that specifies the mental health care you want or don't want and to designate a health care surrogate to make those decisions for you at the time of crisis," states the "Rights of Persons" section of the Florida Baker Act Manual, last revised in 2014. "The facility is required to make reasonable efforts to honor those choices or transfer you to another facility that will honor your choices. The facility must document whether you have an advance directive and inform you about its policies about advance directives."

Carmen Cantero, the quality improvement and compliance officer at Citrus Health Network, said advance directives are rare at her facility. She said they often fail to surface at crisis units or emergency rooms because "we think a large barrier has been that patients and their families do not understand them or their purpose."

In addition, Cantero said, mental health advance directives can be misleading because "with the current state of health care, there are many factors influencing the care being provided to the patients." Many patients want to be transferred to another facility, she said, but the payer or receiving facility may deny the transfer.

"Patients may also believe they have a right to demand a type of treatment not available at the facility," Cantero added.

The tension between advance directives and emergency medical priorities drew the attention of Paul S. Appelbaum, MD, who wrote *Psychiatric Advance Directives at a Crossroads – When Can PADs be Overridden?* in *The Journal of the American Academy of Psychiatry and the Law* in 2006.

"[J]ust as competent voluntary patients have the right to decline any medical treatment – psychiatric or otherwise – so they should have the power to incorporate those wishes into a PAD and to have their objections respected in the future," Applebaum wrote. "However, requests of competent voluntary patients for particular treatments are not automatically honored, and the same should be true of the requests in PADs. Treatment availability, medical appropriateness, and (unfortunately, when the first two criteria have been met) financing to cover the costs of care all factor into determinations of whether patients will receive a treatment

they request. It is difficult to argue that currently incompetent patients should be able to claim, through their PADs, treatment that they could not demand directly if competent."¹

Applebaum wrote that in inpatient settings, voluntary patients should have the right to decline treatments in advance, but not an absolute right to demand treatments of their choosing.

"The situation of involuntary patients is more complex," he continued. "PADs should not be permitted to negate the usual mechanisms for involuntary treatment of committed patients; to do otherwise risks forcing facilities to confine indefinitely persons they cannot treat. Even in those circumstances, however, where PADs provide evidence of reasonable patient preferences (e.g., for one medication over another), the choices they embody should be respected."²

Chapter 765 provides for a patient to be transferred if a facility does not comply with the wishes stated in his or her advance directive. Section 765.1105, F.S., states:

"A health care provider or facility that refuses to comply with a patient's advance directive, or the treatment decision of his or her surrogate or proxy, shall make reasonable efforts to transfer the patient to another health care provider or facility that will comply with the directive or treatment decision."

If the facility fails to honor the patient's advance directive or make the transfer within seven days, then the patient's surrogates can take the facility to court.

The 2014 Baker Act Manual includes a four-page advance directive form (Attachment II) to provide details about a person's designated health care surrogate and choice of treatment facilities, physician and certain types of treatments. An advance directive will not take effect unless a physician decides the individual is not competent to make his/her own treatment decisions.

The form also notes whether or not the individual has attached a Personal Safety Plan (Attachment III), which is likewise included in the Baker Act Manual. The Personal Safety Plan includes information such as calming strategies the person finds useful, triggers that lead to agitation or distress, questions about "helpful" and "not helpful" medications, and the person's history with seclusion and restraint.

No data are currently collected in Florida on the use of advance directives and Workgroup members found no evidence that individuals are using mental health advance directives in large numbers.

"The prevalence of (psychiatric advance directives) is unknown," Nicole S. Luddington and Douglas Mossman wrote in *Current Psychiatry* in 2012. According to the authors, a 2006 survey of 1,011 psychiatric outpatients in California, Florida, Illinois, Massachusetts, and North Carolina by Swanson et al "found only 4 percent to 13 percent of patients previously executed a psychiatric advance directive (PAD). However, most participants said that if given the opportunity and assistance, they would create a PAD."

"I personally feel mental health advance directives in Florida are extremely underutilized," said Dana Farmer, policy director for Disability Rights Florida, the federally-funded protection and advocacy organization. "I've heard some community mental health centers routinely ask people if they would like to do one as part of their care plan, but I think that is rare."

¹ Applebaum, Paul S. *Psychiatric Advance Directives at a Crossroads – When Can PADs be Overridden?* *J Am Acad Psychiatry Law* 34:395–7, 2006

² *Ibid.*

Chapter 65E-5 of the Florida Administrative Code, titled Mental Health Act Regulation, requires receiving facilities designated under the Baker Act to ask a person (or significant other) if an advance directive is available upon admission. It further requires receiving facilities to provide information about how to prepare and use advance directives at discharge. If provided, a copy of the advance directive should be filed in the clinical record where it is easily accessible.

"When you are admitted to a Baker Act unit, you are asked who you would like to be your representative," Farmer agreed. "If you have one of these advance directives, you should know to name the person chosen by you and listed in your advance directive as your mental health care surrogate."

The form in the Baker Act Manual recommends that the person make multiple copies of the advance directive and give them to providers and medical professionals named in the document. The form also recommends having a copy on one's person while traveling.

Linda McKinnon, president and CEO for Central Florida Behavioral Network, Inc., the Managing Entity in the SunCoast Region, said she knew of several Crisis Stabilization Units where advance directives are "a routine part of the admission packet."

"In all other health care, when a person is hospitalized, the patient (if competent, or their surrogate) is asked to complete an advanced directive, unless there is already one provided by the patient or surrogate that has been notarized, etc.," McKinnon wrote. "And it is kept with the clinical record. If a person is transferred to another facility it goes with the transferred documents."

"Anecdotally, we understand the use of psychiatric advanced directives is minimal," said Melanie Brown-Woofter, Interim President & CEO of the Florida Council on Community Mental Health.

Also anecdotally, the Workgroup found that facilities treating people who had executed a mental health advance directive did not always know the document existed.

The Workgroup determined that mental health advance directives are not used consistently in Florida, and this should be addressed through public education, professional training and the use of peer specialists to help people fill out the forms.

IV.B. Use of Advance Directives for Substance Use Disorders in Other States

The Workgroup did not find other states with dedicated substance abuse advance directives in statute or in administrative rule. The Department compiled a summary of other state's advance directives in Attachment IV. Twenty-eight states have a specific statute for a psychiatric advance directives and twenty-two states, including Florida, do not. Another eight states specifically ban the use of advance instructions for psychiatric care in a freestanding document.

Michigan's advance directives form includes a question about preferences in the event of temporary addiction to pain medication: "I do [____], or I do not [____] want maximum pain relief, if it may result in temporary addiction, if I survived an extended hospital stay."

California's form for mental health advance directives asks, "What other kinds of mental health treatment do you want and not want (e.g. outpatient therapy, group therapy, family therapy, substance abuse counseling)?"

Charles Ingoglia, senior vice president for public policy at the National Council of Behavioral Health, said the question of substance abuse advance directives came up at a recent meeting of other state-level associations – at the request of Florida.

"And no one had heard of advance directives being used for substance use disorders," Ingoglia said.

IV.C Other Instruments to Express Treatment Wishes

The Workgroup found states that have created other instruments to express treatment wishes for persons with substance use disorders. Indiana drew praise for a sample letter (Attachment V) that can be provided to a surgeon set to operate on a patient with a history of substance abuse. The patient can choose a course of pain management aimed at lessening the risk of a relapse, including the use of Toradol, with narcotics given only in an emergency. The Workgroup said the Indiana letter could be helpful to people in recovery – but for those with an active substance use issue, a guardianship via the court system might be a better option.

Indiana has a related form (Attachment V), "Advance Directive for Addiction in Remission and to Ensure Continued Recovery," to reduce the risk of relapse for people in recovery facing surgery or other conditions in which they will be in physical pain. For instance, the form offers this option: "I would request if any mood-altering medications are to be given that they are used sparingly and in amounts and formulations designed for my personal recovery..." However, this form is not legally binding.

Crisis plans or personal safety plans can also be used for individuals with a mental illness and/or substance use disorder to express their treatment wishes during a time that they are competent to do so. These plans may address preferences for treatment facilities, physicians, and medications. They may also list people that may hinder the person's recovery. Specific interventions that have been successful in the past can be specified as well as those that have not worked. Any allergies or adverse reactions to medications can also be addressed.

V. FINDINGS AND RECOMMENDATIONS

The Workgroup members agreed that advance directives are useful because they can mitigate or avert a crisis by having a plan in place. Members also agreed that when people with behavioral health disorders write down their wishes for treatment, it enables them to set personal goals and gain a measure of control over their lives.

"Research has shown that consumers who executed PADs endorse feelings of self-determination, autonomy and empowerment," Zelle, Kemp and Bonnie wrote in the October 2015 issue of *World Psychiatry*.³ "In fact, research suggests that 95 percent of PADs are rated both clinically useful and consistent with clinical treatment standards." It is important to note that this research is specific to psychiatric advance directives and that the efficacy of advanced directives specific to substance abuse was not explored.

Overall, it is believed that advance directives have therapeutic value for people with mental illnesses and addictions, and for the high percentage of those with co-occurring disorders.⁴ Research suggests that advance directives can improve relations between persons served and providers while lessening the severity of future crises. They also contain critical information, such as a person's desired health-care surrogate or a medication to which he or she has had a bad reaction in the past.

The opportunity for persons with substance use disorders to complete an advance directive, if they so choose, already exists under Chapter 765. The Workgroup noted that for people with mental illnesses and addictions, creating an advance directive is best done at times of the most

³ Zelle H., Kemp K, Bonnie RJ. Advance directives in mental health care: evidence, challenges and promise. *World Psychiatry* 2015 Oct; 14(3): 278–280

⁴ Studies show that for people with mental illnesses and addictions, 60 to 70 percent have both conditions.

stability, such as shortly before discharge from a state hospital. Members also agreed that mental health advance directives should include the person's trauma history.

However, the Workgroup consistently noted the difficulties of implementing advance directives for people with substance use disorders and agreed that the question of competence in such cases was hard to pinpoint, so the suitability of a substance use disorder specific advance directive is questionable. As noted earlier, no other state has a substance use disorder specific advanced directive.

"In a crisis, it's really difficult to know" whether a person is competent", Dr. Barnett, who is board certified in psychiatry with added qualifications in addictions, said. "Once they become clear-headed, the advance directive is no longer needed."

Dr. Barnett referred the Workgroup to a resource document on Psychiatric Advance Directives approved by the American Psychiatric Association in 2009. While the document does not address substance abuse, it notes, "In all advance directives, the legal instrument becomes effective when a patient loses decision-making capacity; generally, a formal legal finding of incompetence is not necessary."

She said she didn't think a substance abuse advance directive could accomplish much. Rather, she foresaw a "circumscribed, limited role" based on identifying the person's desired caregiver and treatment preferences, such as warning of medications to which he or she has had an adverse reaction. "It still could be helpful," she said, "in conjunction with a prevention plan."

Workgroup member Dana Foglesong, Manager of Recovery and Resiliency Services at Magellan Complete Care, has a mental health advance directive. She credited that "there used to be training and support" for people in treatment to complete the documents. On hers, she included the medications that were problematic for her, as well as a Personal Safety Plan containing information about her 'triggers' – those conditions she found troubling or soothing.

"It gave me more power in a powerless situation," Foglesong said. "I viewed it as an expression of my voice – when I was well – to help nurses and other staff know what would be helpful and harmful to me when I was in a crisis."

"Psychiatric advocacy groups have lauded the development of PADs," Luddington and Rossman wrote. "For example, the National Alliance on Mental Illness' position is that 'PADs should be considered as a way to empower consumers to take a more active role in their treatment, and as a way to avoid conflicts over treatment and medication issues.' Proponents suggest that PADs promote autonomy, foster communication between patients and treatment providers, increase compliance with medication and reduce involuntary treatment and judicial involvement."⁵

Based on review of changes to the Marchman and Baker Acts, Florida advance directives statute, determination of competence, and advanced directive laws on other states, the Workgroup makes the following recommendations:

- A specific Substance Use Disorder Advance Directive is not needed.
- Development and use of crisis and personal safety plans should be increased in behavioral health care practice.
- The current Mental Health Advance Directive form found in the 2014 Baker Act Manual should be updated to include substance use disorders.

⁵ Nicole S. Luddington and Douglas Mossman. "Psychiatric advance directives: May you disregard them?" *Current Psychiatry* 2012 September;11(9):30-33

- Education and training should be provided to providers and persons served on completing and using advanced directives.
- Any advanced directive that address behavioral health conditions and treatment should include:
 - The individual's trauma history;
 - Identification of a health care surrogate;
 - Adverse reactions and allergies to medications;
 - Individuals that the addicted person is likely to relapse with.
- The use of advance directives should be explained to individuals accessing behavioral health care by their service provider.
- Peer specialists may be best suited to help persons served complete advanced directives.
- Implementation of wallet cards to alert providers that a person served has an advance directive, along with how to locate the document and contact the surrogate.
- The storage of advanced directives should be explored further to ensure that they are readily accessible, while protecting confidentiality.

ATTACHMENT I

Substance Abuse Advance Directive Workgroup Members

NAME	TITLE	ORGANIZATION
Debra Barnett, M.D.	SAMH Medical Director	Department of Children and Families
Melanie Brown-Woofter	Interim President/CEO	Florida Council for Community Mental Health
John N. Bryant	Assistant Secretary, SAMH	Department of Children and Families
Dana Farmer	Director of Public Policy	Disability Rights Florida
Wesley Evans	Coordinator of Integration and Recovery Services, SAMH	Department of Children and Families
Dana Foglesong	Manager of Recovery and Resiliency Services	Magellan Healthcare
Mark Fontaine	Executive Director	Florida Alcohol & Drug Abuse Association
Jill Gran	Legislative Affairs Director	Florida Alcohol & Drug Abuse Association
Ute Gazioch	Director, SAMH	Department of Children and Families
Nancy Hamilton	Executive Director	Operation PAR
Margie Menzel	Special Projects	Department of Children and Families
Jay Reeve	Chief Executive Officer	Apalachee Center
John Wilson	Chief Executive Officer	DISC Village
Lacey Kantor	Assistant General Counsel	Department of Children and Families

Mental Health Advance Directive

If you believe you may be hospitalized for mental health care in the future and that your doctor may think you aren't able to make good decisions about your treatment, then completing a mental health advance directive will ensure that your treatment choices are known. It is important that you decide NOW what types of treatment you do or do not want and to appoint a friend or family member to make the mental health care decisions that you want carried out. You may always change your preferences or surrogate later.

You can use the following Advance Directive form to direct your future care.

- Read each section of the form carefully and talk about your choices with someone you trust.
- The person you choose to be your health care surrogate and alternate must be a competent adult whose civil rights have not been taken away. The person you choose should not be a mental health professional, an employee of a facility that might provide services to you, or an employee of the Department of Children & Family Services.
- You should sign the form in front of two witnesses.
- Make sure your surrogate understands your wishes and is willing to accept the responsibility. Your surrogate (and a back-up alternate surrogate if you wish) should sign this form now or at a later time to show they are aware you have chosen them to be your surrogate.
- Have copies made and give them to your surrogate, your case manager, your doctor, the hospital or crisis unit at which you are most likely be treated, your family and anyone else who might be involved in your care. Discuss your choices with each of them.
- The document should be available quickly if you need it. If you travel, be sure to take a copy with you.

Your advance directive will not take effect unless a physician decides that you are not competent to make your own treatment decisions. If you are in a psychiatric facility on an involuntary basis, you will have an attorney appointed to represent your interests and a hearing will be conducted in front of a judge or magistrate. A health care surrogate is not authorized to consent to treatment for a person on voluntary status.

I, _____, being of sound mind, willfully and voluntarily execute this mental health advance directive to assure that if I should be found incompetent to consent to my own mental health treatment, my choices regarding my treatment will be carried out despite my inability to make informed decisions for myself.

If a guardian, guardian advocate or other decision maker is appointed by a court to make health care or mental health decisions for me, I intend this document to take precedence over all other means of determining my intent while competent. This document represents my wishes, and it should be given the greatest possible legal weight and respect. If the surrogate(s) named in this directive are not available, my wishes shall be binding on whoever is appointed to make such decisions.

If I become incompetent to make decisions about my own mental health treatment, I have authorized a mental health care surrogate to make certain treatment decisions for me. My surrogate is also authorized to apply for public benefits to defray the cost of my health care, to release information to appropriate persons and to authorize my transfer from a health care facility.

My mental health care surrogate is:

Name: _____
 Address: _____
 Day Telephone: _____ Evening Telephone: _____

If the person named above is unable or unavailable to serve as my mental health care surrogate, I hereby appoint and request immediate notification of my alternate mental health care surrogate as follows:

Name of Alternate: _____
 Address: _____
 Day Telephone: _____ Evening Telephone: _____

Complete the following or Initial in the blank marked yes or no:

A. If I become incompetent to give consent to mental health treatment, I give my mental health care surrogate full power and authority to make mental health care decisions for me. This includes the right to consent, refuse consent or withdraw consent to any mental health care, treatment, service or procedure consistent with any instructions and/or limitations I have stated in this advance directive. If I have not expressed a choice in this advance directive, I authorize my surrogate to make the decision that (s)he determines is the decision I would make if I were competent to do so. ____ Yes ____ No

B. My choices of treatment facilities are as follows:

1. In the event my psychiatric condition is serious enough to require 24-hour care, I would prefer to receive this care in this/these facilities:

Facility: _____ Facility: _____

2. I do not wish to be admitted to the following facilities for psychiatric care (optional):

Facility: _____ Facility: _____

C. My choice of a treating physician is:

First choice of physician: _____ Second choice of physician: _____

I do not wish to be treated by the following physicians: (optional)

Name of physician: _____ Name of Physician: _____

D. My wishes about confidentiality of my admission to a facility and my treatment while there are as follows:

1. My representative may be notified of my involuntary admission ____ Yes ____ No
2. Any person who seeks to contact me while I am in a facility may be told I am there. ____ Yes ____ No
3. I consent to release of information about my condition and treatment plan ____ Yes ____ No

To the following persons: _____

4. If I am incompetent to give consent, I want staff to immediately notify the following persons that I have been admitted to a psychiatric facility.

Name: _____ Relationship: _____
 Address: _____
 Day Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____
 Address: _____
 Day Phone: _____ Evening Phone: _____

E. If I am not competent to consent to my own treatment or to refuse medications relating to my mental health treatment, I have initialed one of the following, which represents my wishes:

1. I wish to take the medications that Dr. _____ recommends.
2. I wish to take the medications agreed to by my mental health care surrogate after consulting with my treating physician and any other individuals my surrogate deems appropriate, with the exceptions found in #3 below.
3. I specifically do not wish to take and I do not authorize my mental health care surrogate to consent to the administration of the following medications or their respective brand name, trade name or generic equivalents: (list name of drug): _____

4. I am willing to take the medications excluded in #3 above if my only reason for excluding them is their side effects and the dosage can be adjusted to eliminate those side effects.
5. I have the following other preferences about psychiatric treatment and medications: _____

F. Florida law prohibits a mental health care surrogate from consenting to experimental treatments that have not been approved by a federally approved institutional review board without my prior written consent or the express approval of the court.

- I wish to participate in experimental drug studies or drug trials
 I do not wish to participate in experimental drug studies or drug trials

G. My wishes regarding Electroconvulsive Therapy (ECT) are as follows:

1. My surrogate may not consent to ECT without express court approval.
2. I authorize my surrogate to consent to ECT, but only (initial one of the following):
 - a. with the number of treatments the attending psychiatrist thinks is appropriate; OR
 - b. with the number of treatments that Dr. _____ thinks is appropriate; OR
 - c. for no more than the following number of ECT treatments: _____.
3. Other instructions and wishes regarding ECT are as follows: _____

H. I have / have not attached to this advance directive a Personal Safety Plan, regarding my preferences.

I. Other instructions I wish to make about my mental health care are (use additional pages if needed): _____

_____ Check here () if other pages are used

Signature

By signing here I indicate that I fully understand that this advance directive will permit my mental health care surrogate to make decisions and to provide, withhold or withdraw consent for my mental health treatment.

Printed Name (Declarant): _____
 Signature: _____ Date: _____

Witnesses

This advance directive was signed by _____ in our presence. At his/her request, we have signed our names below as witnesses. We declare that, at the time this advance directive was signed, the Declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence. We further declare that we are both adults, are not designated in this advance directive as the mental health care surrogate, and at least one of us is neither the person's spouse nor blood relative.

Dated at _____ This _____ day of _____, _____.
 (County & State) (Day) (Month) (Year)

Witness 1:

Witness 2:

Signature of witness 1_____
Signature of witness 2_____
Printed name of witness 1_____
Printed name of witness 2_____
Address of witness 1_____
Address of witness 2_____
City, State, Zip Code of witness 1_____
City, State, Zip Code of witness 2**Acknowledgement of Health Care Surrogate/Alternate**

I, _____, mental health care surrogate designated by _____
 _____, hereby accept the designation.

(Signature of Mental Health Care Surrogate)_____
(Date)

I, _____, alternate mental health care surrogate designated by _____
 _____, hereby accept the designation.

(Signature of Alternate Mental Health Care Surrogate)_____
(Date)

Name: _____ DATE: _____ Facility: _____

Personal Safety Plan

You can document on this form suggested calming strategies IN ADVANCE of a crisis. You can list things that are helpful when you are under stress or are upset. You can also identify things that make you angry. Staff and individuals receiving services can enter into a “partnership of safety” using this form as a guide to assist in your treatment plan. The information is intended only to be helpful; it will not be used for any purpose other than to help staff understand how to best work with you to maintain your safety or to collect data to establish trends. This is a tool that you can add to at any time. Information should always be available from staff members for updates or discussion. Please feel free to ask questions.

1. Calming Strategies:

It is helpful for us to be aware of things that help you feel better when you’re having a hard time. Please indicate (5) activities that have worked for you, or that you believe would be the most helpful. If there are other things that work well for you that we didn’t list, please add them in the box marked “Other”. We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you’re here.

<input type="checkbox"/>	Listen to music	<input type="checkbox"/>	Exercise
<input type="checkbox"/>	Read a book	<input type="checkbox"/>	Pace in the halls
<input type="checkbox"/>	Wrapping in a blanket	<input type="checkbox"/>	Have a hug with my consent
<input type="checkbox"/>	Write in a journal	<input type="checkbox"/>	Drink a beverage
<input type="checkbox"/>	Watch TV	<input type="checkbox"/>	Dark room (dimmed lights)
<input type="checkbox"/>	Talk to staff	<input type="checkbox"/>	Medication
<input type="checkbox"/>	Talk with peers on the unit	<input type="checkbox"/>	Read religious or spiritual material
<input type="checkbox"/>	Call a friend or family member	<input type="checkbox"/>	Write a letter
<input type="checkbox"/>	Voluntary time in the quiet room/comfort room	<input type="checkbox"/>	Hug a stuffed animal
<input type="checkbox"/>	Take a shower	<input type="checkbox"/>	Do artwork (painting, drawing)
<input type="checkbox"/>	Go for a walk with staff	<input type="checkbox"/>	Other? (Please list below)

2. What are some of the things that make you angry, very upset or cause you to go into crisis? What are your “triggers”?

<input type="checkbox"/>	Being touched	<input type="checkbox"/>	Called names or made fun of
<input type="checkbox"/>	Security in uniform	<input type="checkbox"/>	Being forced to do something
<input type="checkbox"/>	Yelling	<input type="checkbox"/>	Physical force
<input type="checkbox"/>	Loud Noise	<input type="checkbox"/>	Being isolated
<input type="checkbox"/>	Contact with person who is upsetting	<input type="checkbox"/>	Some else lying about my behavior
<input type="checkbox"/>	Being restrained	<input type="checkbox"/>	Being threatened

3. Signals of Distress:

Please describe your warning signals, for example, what you know about yourself, and what other people may notice when you begin to lose control. Check those things that most describe you when you’re getting upset. This information will be helpful so that together we can create new ways of coping with anger and stress:

<input type="checkbox"/>	Sweating	<input type="checkbox"/>	Clenching teeth
<input type="checkbox"/>	Crying	<input type="checkbox"/>	Not taking care of self
<input type="checkbox"/>	Breathing hard	<input type="checkbox"/>	Running
<input type="checkbox"/>	Yelling	<input type="checkbox"/>	Clenching fists
<input type="checkbox"/>	Hurting others:	<input type="checkbox"/>	Swearing
<input type="checkbox"/>	Throwing Objects	<input type="checkbox"/>	Not eating
<input type="checkbox"/>	Pacing	<input type="checkbox"/>	Being rude
<input type="checkbox"/>	Injuring self: (Please be specific)	<input type="checkbox"/>	Other? (Please list below)

CONTINUED OVER

Mental Health Advance Directives Summary

- The following states do not have a specific statute for a psychiatric advance directive (PAD) as indicated with a (*) on the table below:

- | | |
|-------------------|--------------------|
| 1. Alaska | 12. Missouri |
| 2. Arkansas | 13. Nebraska |
| 3. California | 14. Nevada |
| 4. Colorado | 15. New Hampshire |
| 5. Connecticut | 16. New York |
| 6. Delaware | 17. Rhode Island |
| 7. Florida | 18. South Carolina |
| 8. Georgia | 19. Vermont |
| 9. Iowa | 20. Virginia |
| 10. Kansas | 21. West Virginia |
| 11. Massachusetts | 22. Wisconsin |

- The following states have a specific statute for a psychiatric advance directive:

- | | |
|-----------------|--------------------|
| 1. Alabama | 15. New Jersey |
| 2. Arizona | 16. New Mexico |
| 3. Hawaii | 17. Wyoming |
| 4. Idaho | 18. North Carolina |
| 5. Illinois | 19. North Dakota |
| 6. Indiana | 20. Ohio |
| 7. Kentucky | 21. Oklahoma |
| 8. Louisiana | 22. Oregon |
| 9. Maine | 23. Pennsylvania |
| 10. Maryland | 24. South Dakota |
| 11. Michigan | 25. Tennessee |
| 12. Minnesota | 26. Texas |
| 13. Mississippi | 27. Utah |
| 14. Montana | 28. Washington |

- The following states do not allow you to write advance instructions for your psychiatric care in a freestanding document:
 1. Arkansas
 2. Georgia
 3. Iowa
 4. Mississippi
 5. Missouri
 6. Nebraska
 7. New Hampshire
 8. Wisconsin

Substance Use Advance Directive Summary

- Indiana, New Hampshire, and West Virginia include substance use disorders and advance directives in state statute or code.
- There were some available forms from California, Georgia, Idaho, Indiana, Iowa, Maryland, Michigan, Mississippi, Missouri, New Jersey, and South Carolina, which include substance use or HIPAA sections.

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
Alabama	<p>Alabama Advance Directive for Health Care, living will and health care proxy form</p> <p>http://www.nrcpad.org/images/stories/PDFs/alabama_maad_proxyform.pdf</p> <p>Instructions</p> <p>http://www.caringinfo.org/files/public/ad/Alabama.pdf</p>	<p>Alabama Code Title 22. Health, Mental Health, and Environmental Control. § 22-8A-</p> <p>http://codes.findlaw.com/al/title-22-health-mental-health-and-environmental-control/al-code-sect-22-8a-4.html#sthash.jnbXmAmT.dpuf</p> <p>The statute includes a form called the “Advance Directive for Health Care.”</p> <p>The statute allows you to include “other directions” on your form, which could include directions about your mental health treatment.</p>	None	None
Alaska*	<p>Advance Directives for Health Care & Mental Health Care</p> <p>http://www.touchngo.com/iglcnt/splint/weyh2004101901i.pdf</p>	<p>Alaska does not currently have a specific statute for a psychiatric advance directive.</p> <p>Alaska’s Health Care Decisions Act allows you to create a PAD, known in Alaska as an “Advance Health Care Directive”. This document allows you to specify treatment choices; appoint an agent to make decisions for you if you become incompetent; or both.</p> <p>Chapter 13.52. Health Care Decisions Act</p> <p>13-52-010. Advance health care directives.</p> <p>13-52-020. Revocation of advance health care directive.</p> <p>13-52-030. Surrogates.</p> <p>13.52.040. Decisions by guardian.</p> <p>13-52-045. Withholding or withdrawing of life-sustaining procedures.</p> <p>13-52-050. Decisions for exceptional procedures.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>13-52-055. Pregnancy.</p> <p>13-52-060. Obligations of health care providers, institutions, and facilities.</p> <p>13-52-065. Do not resuscitate protocol and identification requirements.</p> <p>13-52-070. Health care information.</p> <p>13-52-080. Immunities.</p> <p>13-52-090. Statutory damages.</p> <p>http://www.nrc-pad.org/images/stories/PDFs/alaska_statute.pdf</p> <p>The statute allows you to consent to, or refuse, any type of mental health treatment, including medications, hospitalization and electro-convulsive therapy (ECT).</p>		
Arizona	<p>State of Arizona</p> <p>Durable Mental Health Care Power of Attorney</p> <p>https://www.azag.gov/sites/default/files/sites/all/docs/lifecare/LCP_Packet_fillable-mental-health.pdf</p> <p>Registry</p> <p>The Arizona Advance Directive Registry was created in May 2004 by the Arizona State</p>	<p>Title 36</p> <p>36-3201. Definitions.</p> <p>36-3281. Mental health care power of attorney; scope; definition.</p> <p>36-3282. Execution requirements.</p> <p>36-3283. Powers and duties of an agent.</p> <p>36-3284. Operation of mental health care power of attorney; duties of physician or mental health care provider.</p> <p>36-3285. Revocation; disqualification of agent</p> <p>36-3286. Sample mental health care pow 36-3287. Surrogate; mental health care power of attorney.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	<p>Legislature. The Registry is a database for the storage of advance directives (Living Will, Medical Power of Attorney, and Mental Health Power of Attorney). The Arizona Secretary of State oversees Registry filings, its security, and its operations. Health care providers may use the Registry to look up registered directives using the information provided to them by the registrant or the registrant's loved ones.</p> <p>http://www.azleg.gov/ars/36/03286.htm</p>	<p>36-3292. Filing requirements.</p> <p>http://www.nrc-pad.org/images/stories/PDFs/arizonastatutefull.pdf</p> <p>The statute allows you to appoint an agent to make mental health care decisions on your behalf, should you become unable to make those decisions yourself. There is no mandatory form as long as your document is correctly witnessed. The Office of the Arizona Attorney General has produced a recommended standard form.</p> <p>The statute allows your agent to admit you to a behavioral health facility, provided that is your express wish.</p>		
Arkansas*	<p>Durable Power of Attorney for Health Care</p> <p>http://www.nrc-pad.org/images/stories/PDFs/arkansas_hcpaform.pdf</p> <p>Brochure</p>	<p>Arkansas does not currently have a specific statute for a psychiatric advance directive.</p> <p>Ark. Code Ann.§20-13-104</p> <p>Durable Power of Attorney for Health Care Act</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	http://humanservices.arkansas.gov/dbhs/Documents/DBHS%20Website%20-%20Psychiatric%20Advance%20Directive%20brochure%20(consumers)%20June%202011.pdf	http://www.nrc-pad.org/images/stories/PDFs/arkansas_dhcpastatute.pdf <p>The Arkansas statute does not allow you to create a freestanding document for your mental health treatment wishes.</p> <p>The statute does not formulate any procedure which must be followed before your agent’s authority becomes effective.</p>		
California*	<p>Advance Health Care Directive (AHCD)</p> <p>http://www.nrc-pad.org/images/stories/PDFs/ca%20pad.pdf</p> <p>Instructions</p> <p>http://www.nrc-pad.org/images/stories/PDFs/california%20pad.pdf</p> <p>The state of California maintains a central registry of Advance Directives</p> <p>http://www.sos.ca.gov/registries/advance-health-care-directive-registry/</p>	<p>California does not currently have a specific statute for a psychiatric advance directive.</p> <p>Probate Code, Section 4600-4643</p> <p>http://www.leginfo.ca.gov/cgi-bin/displaycode?section=prob&group=04001-05000&file=4600-4643</p> <p>California’s Health Care Decisions Law allows you to appoint an agent to make decisions about your treatment if you become incompetent to make decisions; write instructions about how you would like your health care to proceed; or both. This law covers all types of health care, including psychiatric treatment.</p> <p>The statute allows you to set out your instructions on any aspect of your health care treatment, which could</p>	<p>http://www.disabilityrightsca.org/pubs/540701.htm</p> <p>Asks “What other kinds of mental health treatment do you want and not want (e.g. outpatient therapy, group therapy, family therapy, substance abuse counseling)?”</p>	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>include advance decisions about psychiatric medications and/or hospitalization. The statutory form gives a variety of prompts for you to state your instructions in the event of a crisis.</p> <p>The California statute allows you to choose when your AHCD must be followed. Your AHCD will be followed when your primary physician determines that you do not understand the benefits and/or risks of a particular mental health care decision.</p>		
Colorado*	<p>There is no official form for appointing an agent, but you must create a written document.</p> <p>Example http://www.caringinfo.org/files/public/ad/Colorado.pdf</p>	<p>Colorado does not currently have a specific statute for a psychiatric advance directive.</p> <p>15-14-506. Medical durable power of attorney. http://www.nrc-pad.org/images/stories/PDFs/colorado_mpoastatute.pdf</p> <p>Colorado’s Medical Durable Power of Attorney statute allows you to appoint an agent to make health care decisions for you in the event that you become unable to make those decisions yourself. These decisions could be about any type of health care, including mental health care. In appointing an agent, you may wish to specify how he/she should make decisions by documenting preferences about your mental health treatment. The</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
Connecticut*	<p>There is no official form but the Office of the Attorney General has information regarding a Living Will</p> <p>http://www.ct.gov/ag/cwp/browse.asp?A=2130&BMDRN=2000&BCOB=0&C=19278</p>	<p>Connecticut does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 368w- Removal of Life Support Systems https://www.cga.ct.gov/current/pub/chap_368w.htm#sec_19a-575</p> <p>The statute does not require a particular form of words. It allows you to set out your instructions on any aspect of your health care treatment, which could include advance decisions about psychiatric medications and/or hospitalization. This is called a “Living Will”. If you wish, you may use a Living Will to make advance decisions to refuse medications or hospitalization, although state law may operate to require your hospitalization in an emergency, even if you have declined it in your instructions.</p>	None	None
Delaware*	<p>Advance Health Care Directive</p> <p>http://www.nrc-pad.org/images/stories/PDFs/delaware_ad_hcpa_ombform.pdf</p>	<p>Delaware does not currently have a specific statute for a psychiatric advance directive.</p> <p>Title 16, Health and Safety, Regulatory Provisions Concerning Public Health. Chapter 25. Health Care Decisions http://delcode.delaware.gov/title16/c025/</p> <p>Delaware’s Health Care Decisions statute allows you to: (1) appoint an agent to make health care decisions for</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>you in the event that you become unable to make those decisions yourself (called “executing a power of attorney”); and/or (2) create an “individual instruction” in which you specify how you would like your health care to proceed. The statute covers all types of health care, including mental health care.</p>		
<p>Florida*</p>	<p>Florida Advance Directive Planning for Important Health Care Decisions general example: http://www.caringinfo.org/files/public/ad/Florida.pdf</p> <p>Designation of Health Care Surrogate http://www.myfloridalegal.com/DesigSurrogFAQ.pdf</p>	<p>Florida does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 765- Health Care Advance Directives http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0700-0799/0765/0765.html</p> <p>Chapter 765 of the Florida Statutes, entitled “Health Care Advance Directives” allows you to appoint an agent to make decisions about your treatment if you become incompetent to make decisions. In Florida, such a person is known as a “Health Care Surrogate”. The Florida statute also allows you to write instructions about how you would like your mental health care to proceed. This is known as a “Declaration”.</p> <p>The statute allows you to set out your instructions on any aspect of your health care treatment, which could include advance decisions about psychiatric medications and/or hospitalization. The statute also permits a person who has already become incompetent</p>	<p>None</p>	<p>None</p>

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>to designate an agent simply by informing his/her mental health care providers orally.</p> <p>If you are subject to the Baker Act, the state will be able to hospitalize and/or treat you against your will, which may include a decision not to follow your written instructions, or the instructions of your Health Care Surrogate. If you do become subject to the Baker Act, your health care decisions must be governed by a court-appointed Guardian Advocate.</p>		
<p>Georgia*</p>	<p>Statute Form http://law.justia.com/codes/georgia/2010/title-31/chapter-32/31-32-4/</p> <p>Georgia Advance Directive for Health Care http://aging.dhr.georgia.gov/sites/aging.dhs.georgia.gov/files/imported/DHR-DAS/DHR-DAS_Publications/GEORGIA%20ADVANCE%20DIRECTIVE%20FOR%20HEALTH%20CARE-10.pdf</p>	<p>Georgia does not currently have a specific statute for a psychiatric advance directive.</p> <p>2010 Georgia Code Title 31 – Health. Chapter 32 – Advance Directives for Health care. 31-32-1. Short title. 31-32-2. Definitions. 31-32-3. Savings clause for existing living wills and durable powers of attorney for health care. 31-32-4. Form. 31-32-5. Execution; use of form or other forms; witnesses; copies; amendment. 31-32-6. Revocation; declarant's marriage or appointment of a guardian. 31-32-7. Duties and responsibilities of health care agents. 31-32-8. Duties and responsibilities of health care providers.</p>	<p>file:///C:/Users/castro-sindie/Downloads/6241%20Advance%20Directives.pdf</p> <p>This form asks “What can’t my ‘health care agent’ do?”</p> <p>Your agent would not be allowed to consent to psychosurgery, sterilization or hospitalization for mental illness or substance abuse. In addition, your</p>	<p>None</p>

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>31-32-9. Conditions precedent to carrying out health care treatment preferences; physician's failure to comply with treatment preferences.</p> <p>31-32-10. Immunity from liability or disciplinary action</p> <p>31-32-11. Advance directive for health care's relationship to criminal and insurance laws.</p> <p>31-32-12. Restriction on requiring and preparing advance directives for health care.</p> <p>31-32-13. Penalties and legal sanctions for violations</p> <p>31-32-14. Effect of chapter on other legal rights and duties.</p> <p>http://law.justia.com/codes/georgia/2010/title-31/chapter-32</p> <p>Georgia's Advance Directive for Health Care Act allows you to appoint a health care agent to make health care decisions for you if you become incompetent to make those decisions yourself, with certain exceptions. Health care decisions may include decisions about mental health.</p> <p>The Georgia statute does not allow you to write advance instructions for your psychiatric care in a freestanding document.</p>	<p>physician can administer treatment for your comfort or to relieve pain without the permission of your agent.”</p>	
Hawaii	Advance Mental Health Directive	<p>Chapter 327G- Advance Mental Health Care Directives</p> <p>327G-1. Purpose.</p> <p>327G-2. Definitions.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	https://health.hawaii.gov/amhd/files/2013/06/AMHCD-Short-Form1.pdf	<p>327G-3. Advance mental health care directive; designation of agent.</p> <p>327G-4. Revocation of advance mental health care directive.</p> <p>327G-5. Authority and duty of agent; limitations on liability.</p> <p>327G-6. Withdrawal of agent; rescission of withdrawal</p> <p>327G-7. Presumption of capacity; determination of lack of capacity; recovery of capacity.</p> <p>327G-8. Limitations on applicability of advance mental healthcare directive.</p> <p>327G-9. Decisions by guardian.</p> <p>327G-10. Obligations of health care providers; limitations on liability.</p> <p>327G-11. Statutory damages.</p> <p>327G-12. Effect of copy.</p> <p>327G-13. Judicial relief.</p> <p>327G-14. Optional form.</p> <p>http://www.nrc-pad.org/images/stories/PDFs/hawaii-padstatute.pdf</p> <p>Chapter 237G allows you to write instructions for your psychiatric treatment in the event that you are incapable to make or communicate those instructions. It also allows you to appoint an agent to make instructions for you.</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		You can make choices about both medications and hospitalization, including refusals of consent. You may also make choices about matters other than your treatment.		
Idaho	Idaho: Declaration for Mental Health Treatment http://www.nrc-pad.org/images/stories/PDFs/idahopadform.pdf	Title 66- State Charitable Institutions, Chapter 6- Declarations for Mental Health Treatment. https://legislature.idaho.gov/idstat/Title66/T66CH6SEC/T66-613PrinterFriendly.htm Using the part of the Idaho statute entitled Declarations for Mental Health Treatment, you may appoint an agent to make decisions about your psychiatric treatment if you become incompetent to make those decisions; write instructions about how you would like your psychiatric treatment to proceed; or both. You need not use any particular form, as long as you comply with the witness requirements and include the wording set out in Chapter 66-613, or substantially similar language.	This Advance Directive Planning for Important Healthcare Decisions Caring form includes a HIPAA Release Authority section. http://www.caringinfo.org/files/public/ad/Idaho.pdf	None
Illinois	Declaration for Mental Health Treatment http://www.nrc-pad.org/images/stories/PDFs/illinoispadform.pdf	Mental Health Treatment Preference Declaration Act. http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2112& Illinois' Mental Health Treatment Preference Declaration Act allows you to document choices about psychotropic (psychiatric) medications,	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>electroconvulsive therapy (ECT) and/or psychiatric hospitalization. It also allows you to appoint an agent to make mental health treatment decisions for you, should you become incompetent to make those decisions yourself. In Illinois, such an agent is known as an “attorney in fact”. There is a standard form, the “Declaration for Mental Health Treatment”, which covers both treatment choices and the appointment of an agent.</p> <p>You can document your wishes regarding medications, hospitalization and/or electroconvulsive therapy, including refusal of certain treatments. You may consent in advance to hospitalization in a mental health facility, but only for a maximum of seventeen days.</p>		
Indiana*	<p>There is no standard form</p> <p>You may appoint an agent without writing instruction; both appoint an agent and write instructions; but not write instructions without appointing an agent.</p>	<p>IC 16-36-1.7 Chapter 1.7. Psychiatric Advance Directives.</p> <p>http://policy.mofcom.gov.cn/GlobalLaw/english/flaw!fetch.action?id=4faef68d-39ec-46f1-b753-5ed37c1faf0a</p> <p>Title 16, Article 36 of the Indiana Code allows you to use a Psychiatric Advance Directive to document preferences about, and consent to: (1) admission to hospital, (2) the use of restraint, (3) seclusion, (4) electroconvulsive therapy (ECT) and/or (5) mental health counseling.</p>	<p>Advance Directive for Addiction in Remission and to Ensure Continued Recovery</p> <p>http://www.in.gov/bitterpill/files/latrogenic2.pdf</p>	<p>http://policy.mofcom.gov.cn/GlobalLaw/english/flaw!fetch.action?id=4faef68d-39ec-46f1-b753-5ed37c1faf0a</p> <p>IC 16-36-5-22</p> <p>Petition for review</p> <p>“Sec. 22. (a) A person may challenge the validity of an out of hospital DNR declaration and order by filing a petition for review in a court in the county in which the declarant resides.</p> <p>(b) A petition filed under subsection (a) must include the name and address of the declarant's attending physician.</p>

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
				<p>(c) A court in which a petition is filed under subsection (a) may declare an out of hospital DNR declaration and order void if the court finds that the out of hospital DNR declaration and order was executed:</p> <p>(1) when the declarant was incapacitated due to insanity, mental illness, mental deficiency, duress, undue influence, fraud, excessive use of drugs, confinement, or other disability”</p>
Iowa*	<p>Durable Power of Attorney for Health Care Decisions</p> <p>http://www.nrc-pad.org/images/stories/PDFs/iowa_hcpaform.pdf</p>	<p>Iowa does not currently have a specific statute for a psychiatric advance directive.</p> <p>https://www.legis.iowa.gov/DOCS/ACO/IC/LINC/2013.Chapter.144B.PDF</p> <p>Iowa’s Durable Power of Attorney for Health Care statute allows you to appoint an agent (called an “Attorney in fact”) to make healthcare decisions for you if you become incompetent to make those decisions yourself. “Health care” may include mental health care. The Iowa statute does not allow you to write advance instructions for your psychiatric care in a freestanding document.</p>	<p>This form includes an Authority to Release Information section on page 4. Combined Living Will and Medical Power of Attorney</p> <p>http://c.ymcdn.com/sites/www.iowabar.org/resource/resmgr/forms/123.pdf</p>	None
Kansas*	<p>State of Kansas Durable Power of Attorney for Health Care Decisions</p>	<p>Kansas does not currently have a specific statute for a psychiatric advance directive.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	<p>General statement of Authority Granted</p> <p>http://www.nrc-pad.org/images/stories/PDFs/kansas_dpoaform.pdf</p>	<p>Kansas Statute- Powers and Letters of Attorney . 58-625 - 58-632</p> <p>http://www.nrc-pad.org/images/stories/PDFs/kansas_dpoa.pdf</p> <p>The Kansas statute entitled Powers and Letters of Attorney allows you to appoint an agent to make health care decisions for you if you become incompetent to make those decisions yourself. "Health care" may include mental health care.</p>		
Kentucky	<p>202A.430 Form of advance directive for mental health treatment</p> <p>http://www.lrc.ky.gov/Statutes/statute.aspx?id=7506</p>	<p>Chapter 202A.426. http://www.nrc-pad.org/images/stories/PDFs/kentuckypadstatute.pdf</p> <p>Chapter 202A.428. http://www.nrc-pad.org/images/stories/PDFs/kentuckypadstatute.pdf</p> <p>You may use the part of the Kentucky statute entitled Advance Directives for Mental Health Treatment to write instructions about how you would like your psychiatric treatment to proceed in the event that you are incompetent to make decisions yourself. You may appoint an agent (called a "Surrogate" in Kentucky) to make decisions for you in accordance with your instructions.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>The statute does not contain any restrictions on who can be your agent (“surrogate”), as long as that person agrees to act and signs your form or other document.</p> <p>The statute provides that your providers may decline to follow your instructions, or those of your agent, when they are outside professional standards for health care.</p>		
Louisiana	Advance Directive for Mental health Treatment http://www.nrc-pad.org/images/stories/PDFs/louisianapadform.pdf	<p>221. Definitions. http://www.nrc-pad.org/images/stories/PDFs/louisianastatute.pdf</p> <p>Title 28-Mental Health. http://law.justia.com/codes/louisiana/2011/rs/title28</p> <p>The Louisiana Revised Statute, Title 28, Chapters 221-236 allow you to create a PAD, known in Louisiana as an “Advance Directive for Mental Health Treatment”. This document allows you to specify treatment choices; appoint an agent to make decisions for you if you become incompetent; or both.</p> <p>The statute allows you to consent to, or refuse, any type of mental health treatment, including medications, hospitalization and electro-convulsive therapy (ECT).</p>	None	None
Maine	Health Care Directive and Power of Attorney	<p>Title 18-A: Probate Code. Article 5: Protection of Persons Under Disability and Their Property.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	<p>http://www.nrc-pad.org/images/stories/PDFs/mainepadandhcpaform.pdf</p> <p>Health Care Power of Attorney</p> <p>http://www.nrc-pad.org/images/stories/PDFs/mainehcpaonly.pdf</p> <p>Health Care Directive</p> <p>http://www.nrc-pad.org/images/stories/PDFs/mainepadonly.pdf</p>	<p>Part 8: Uniform Health-Care Decisions Act Heading: PL 1995, C. 378, PT. A, 1.</p> <p>http://legislature.maine.gov/statutes/18-a/title18-Asec5-801.html</p> <p>Two Maine laws, the Uniform Health Care Decisions Act and the less protective Medical Treatment of Psychotic Disorders allow you to write instructions about how you would like your mental health treatment to proceed. In addition, the Uniform Health Care Decisions Act, which covers all types of health care, including mental health care, allows you to appoint an agent to make health care decisions for you in the event that you become unable to make those decisions yourself. The Disability Rights Center of Maine has published a helpful guide to the Uniform Health Care Decisions Act, including forms.</p> <p>Under the Uniform Health Care Decisions Act you may state that you wish to be admitted to a psychiatric facility in a crisis for a period of up to five days, even if you object at the time. (The Medical Treatment of Psychotic Disorders Act does not place a limit on the length of time to which you may consent to be hospitalized through your PAD.) Under both laws, you may state preferences regarding medications or hospitals. You may also refuse hospital treatment or medications, although the law of emergency involuntary treatment will still apply. The Disability</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		Rights Center’s guide explains these topics in more detail.		
Maryland	Advance Directive for Mental Health Treatment http://www.nrc-pad.org/images/stories/PDFs/marylandpadform.pdf	<p>Article-Health-General. Part I. Advance Directives. 5-601. Definitions. 5-601.1. Electronic signatures. 5-602. Procedure for making advance directive; notice to physician - Living wills. 5-603. Suggested forms - Living wills. 5-604. Revocation of an advance directive. 5-604.1. Anatomical gifts in advance directives. 5-605. Surrogate decision making.</p> <p>http://www.nrc-pad.org/images/stories/PDFs/marylandpadstatute.pdf</p> <p>Maryland’s Health Care Decisions Act allows you to appoint an agent to make decisions about your mental health treatment if you become incompetent to make decisions; to write instructions about how you would like your mental health care to proceed; or both. In Maryland, a PAD is known as an “Advance Directive for Mental Health Treatment”. A set of standard forms with instructions, produced by the Maryland Department of Health and Mental Hygiene, is available.</p>	<p>HIPAA Authorization is included in this form on page 4</p> <p>http://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/advance.pdf</p>	None
Massachusetts*	Massachusetts Health Care Proxy Information, Instructions, and Form	<p>Massachusetts does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 201D- Health Care Proxies</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	http://www.massmed.org/Patient-Care/Health-Topics/Health-Care-Proxies-and-End-of-Life-Care/Massachusetts-Health-Care-Proxy---Information,-Instructions-and-Form-(pdf)/	https://malegislature.gov/Laws/GeneralLaws/PartII/TitleII/Chapter201D Under the law entitled “Health Care Proxies”, you may appoint an agent to make decisions for you if you are unable to make those decisions yourself. Your agent will have the authority to make any and all health care decisions for you, which could include decisions about psychiatric treatment. To appoint an agent, you must use the form entitled “Massachusetts Health Care Proxy”.		
Michigan	Advance Directive For Mental Health Care http://www.nrc-pad.org/images/stories/PDFs/michigan%20durable_power_of_attorney.pdf Michigan Advance Directive for Mental Health Care http://www.nrc-pad.org/images/stories/PDFs/michigan%20advance%20directive%20for%20	Act 386 of 1998 Part 5- Durable Power of Attorney and Designation of Patient Advocate. http://www.legislature.mi.gov/(S(jzidl1rw2nz4lr5rwqn3w1xc))/mileg.aspx?page=getObject&objectName=mcl-386-1998-V-5 Michigan’s Durable Power of Attorney and Designation of Patient Advocate statute allows you to appoint a patient advocate to make mental health care decisions for you if you become incompetent to make those decisions yourself. You may also state your wishes regarding mental health treatment. In Michigan, a PAD is known as an “Advance Directive for Mental Health Care”. The Michigan Bar Association has published a helpful pamphlet and forms.	Page 4 of this form includes temporary addiction to pain medication. https://www.lifecaredirectives.com/assets/statutory_ads/MICH%20SS%20AD%2009%20-%2017%20p%20Dwnld.pdf	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	mental%20health%20form.pdf	The statute says that your patient advocate must act in your best interests, but also states that wishes of yours within the patient advocate’s knowledge are by definition, in your best interests.		
Minnesota	Health Care Directive Suggested Form in Statute https://www.revisor.mn.gov/statutes/?id=145C.16	<p>Chapter 145C. Health Care Directives</p> <p>145C.01. Definitions.</p> <p>145C.02. Health Care Directive.</p> <p>145C.03. Requirements.</p> <p>145C.04. Executed in Another State.</p> <p>145C.05. Suggested Form: Provisions that may be included.</p> <p>145C.06. When Effective.</p> <p>145C.07. Authority and Duties of Health Care Agent.</p> <p>145C.08. Authority to Review Medical Records.</p> <p>145C.09. Revocation of Health Care Directive.</p> <p>145C.10. Presumptions.</p> <p>145C.11. Immunities.</p> <p>145C.12. Prohibited Practices.</p> <p>145C.13. Penalties.</p> <p>145C.14. Certain Practices not Condoned.</p> <p>145C.15. Duty to Provide Life-Sustaining Health Care.</p> <p>145C.16. Suggested Form.</p> <p>https://www.revisor.mn.gov/statutes/?id=145C</p> <p>The statute allows you to appoint an agent (“proxy”) to make decisions about your “intrusive mental health treatment” if you become incompetent to make decisions; to write instructions about how you would</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>like any “intrusive mental care” to proceed (“a declaration”); or both. “Intrusive mental health treatment” means treatment with neuroleptics (antipsychotic drugs) or convulsive therapy (ECT). There is no mandatory form as long as you comply with the correct witness requirements.</p> <p>You may write advance instructions about neuroleptic medications, including refusals. The statute does not give you the power to make hospitalization decisions in advance, although any wishes you document may influence the decisions of your providers.</p>		
Mississippi	<p>Mississippi Advance Health-Care Directive</p> <p>http://www.nrc-pad.org/images/stories/PDFs/mississippi_hcpa.pdf</p>	<p>MS Code 41-41-211 (2013)</p> <p>http://law.justia.com/codes/mississippi/2013/title-41/chapter-41/uniform-health-care-decisions-act/section-41-41-211</p> <p>41-41-201 through 41-41-229</p> <p>http://www.nrc-pad.org/images/stories/PDFs/mississippi_adstatute.pdf</p> <p>Mississippi’s Uniform Health Care Decisions Act allows you to appoint an agent to make health care decisions for you if you become incompetent to make those decisions yourself. Health care decisions may include decisions about mental health.</p>	<p>This form includes a summary of HIPAA on pages 4 and 5.</p> <p>http://www.southerncancercenter.com/wp-scc/wp-content/uploads/2016/02/Mississippi-Advance-Directive.pdf</p>	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>The Mississippi statute does not allow you to write advance instructions for your psychiatric care in a freestanding document.</p> <p>The statute states that your PAD becomes effective when your primary physician determines that you lack the ability to understand the risks, benefits and alternatives of the proposed treatment.</p>		
Missouri*	<p>Durable Power of Attorney for Health Care and/or Health Care Directive</p> <p>http://www.mobar.org/uploadedFiles/Home/Publications/Legal_Resources/Durable_Power_of_Attorney/final-dpa-forms-fillable.pdf</p>	<p>Missouri does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 404- Transfers to Minors--Personal Custodian and Durable Power of Attorney.</p> <p>http://www.moga.mo.gov/mostatutes/stathtml/40400008001.html</p> <p>Missouri’s Durable Power of Attorney for Health Care Act allows you to appoint an agent to make healthcare decisions for you if you become incompetent to make those decisions yourself. Healthcare decisions may include decisions about mental health.</p> <p>The Missouri statutes do not allow you to write advance instructions for your psychiatric care in a freestanding document, unless they concern end-of-life (life sustaining) procedures.</p>	<p>This forms includes a HIPAA Authorization Form on page 9.</p> <p>http://www.mobar.org/uploadedFiles/Home/Publications/Legal_Resources/Durable_Power_of_Attorney/complete-dpa-packet.pdf</p>	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		The statute requires that your agent “seek and consider information” relating to your diagnosis, prognosis, benefits and burdens of the proposed treatment, every time a decision is made.		
Montana	Durable Power of Attorney for Health Care Medical Treatment http://www.nrc-pad.org/images/stories/PDFs/montana_hcpaform.pdf	Title 53, Chapter 21 Montana Code - Part 13: Mental Health Care Advance Directives. 53-21-1301. Purpose. 53-21-1302. Definitions. 53-21-1303. Presumption of capacity. 53-21-1304. Scope of mental health care advance directive. 53-21-1305. Validity of appointment of agent. 53-21-1306. RESERVED. 53-21-1311. Prohibited elements. 53-21-1312. When a directive takes effect -- determination of incapacity. 53-21-1313. Provider of mental health services. 53-21-1314. Duties of agent. 53-21-1315. Health care decisions in event of the principals protest. 53-21-1316. RESERVED. 53-21-1321. Explicit authorization required for certain treatment. 53-21-1322. Authorization for admission to inpatient treatment -- effect of directive. 53-21-1323. Expiration. 53-21-1324. Revocation. 53-21-1325. Effect of directive on existing law.	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>53-21-1326. RESERVED.</p> <p>53-21-1331. Nomination of guardian or conservator.</p> <p>53-21-1332. Decisions by guardian or conservator.</p> <p>53-21-1333. Health care information.</p> <p>53-21-1334. Immunities.</p> <p>http://codes.lp.findlaw.com/mtcode/53/21/13</p> <p>Title 53, Chapter 21, Part 13, of the Montana statute allows you to write instructions for your mental health care treatment and any other medical treatment that may directly or indirectly affect your mental health and general care during a period of time in which you have been determined by a court or your healthcare provider as unable to give or withhold consent to medical treatment. This document also allows you to appoint an agent to make mental health care treatment decisions on your behalf.</p> <p>You can make choices about medications and hospitalization, including consent or refusal of consent to specific types of mental health care treatment, including medical, behavioral, and social interventions. You may also include but are not limited to including, descriptions of situations that may cause you a mental health crisis, descriptions of behavior that may indicate you are incapacitated, instructions to apply or avoid certain interventions that may deescalate or escalate crisis, instructions on who should or should not be</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>notified or allowed to visit if you are admitted to a treatment facility, and instructions that limit the directive's revocability.</p>		
<p>Nebraska*</p>	<p>Nebraska Power of Attorney for Health Care http://www.nrc-pad.org/images/stories/PDFs/nebraska_hcpa.pdf</p>	<p>Nebraska does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 30 http://nebraskalegislature.gov/laws/statutes.php?statute=30-3402</p> <p>Nebraska’s Health Care and Treatment Decisions statute allows you to appoint an agent (called an “Attorney in fact”) to make healthcare decisions for you if you become incompetent to make those decisions yourself. “Health care” may include mental health care.</p> <p>The Nebraska statute does not allow you to write advance instructions for your psychiatric care in a freestanding document.</p> <p>The statute states that your provider is not required to treat you according to your Attorney in fact’s instructions if they are contrary to the facility’s formal policies of care. The statute also states that your Attorney in fact’s instructions must be followed subject to “independent medical judgment.”</p>	<p>None</p>	<p>None</p>

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
Nevada*	<p>State of Nevada Durable Power of Attorney for Health Care Decisions</p> <p>http://www.nrc-pad.org/images/stories/PDFs/nevada_hcpaform.pdf</p>	<p>Nevada does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 449 – Medical Facilities and Other Related Entities https://www.leg.state.nv.us/nrs/NRS-449.html</p> <p>Nevada’s Durable Power of Attorney for Health Care statute allows you to appoint an agent to make healthcare decisions for you if you become incompetent to make those decisions yourself. Healthcare decisions may include decisions about mental health.</p>	None	None
New Hampshire*	<p>Form</p> <p>http://www.nrc-pad.org/images/stories/PDFs/newhampshire_dpoa_form.pdf</p>	<p>New Hampshire does not currently have a specific statute for a psychiatric advance directive.</p> <p>Title: Public Health Chapter: Durable Power of Attorney for Health Care http://www.dhhs.nh.gov/hie/documents/laws.pdf (page 15)</p> <p>New Hampshire’s Durable Power of Attorney for Health Care statute allows you to appoint an agent to make healthcare decisions for you if you become incompetent to make those decisions yourself. Healthcare decisions may include decisions about mental health.</p>	none	<p>New Hampshire Code of Administrative Rules. Chapter He-P 800 Residential and Health Care Facility Rules http://www.dhhs.nh.gov/oos/bhfa/documents/he-p807.pdf</p> <p>The rule states that a “licensee shall not deny admission to any person because that person does not have a guardian or an advanced directive, such as a living will or durable power of attorney for health care, established in accordance with RSA 137-H or RSA 137-J.”</p>

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>The New Hampshire statute does not allow you to write advance instructions for your psychiatric care in a freestanding document, unless they concern end-of-life (life sustaining) procedures.</p> <p>The statute states that the agent’s authority goes into effect as soon as you “lack capacity to make health care decisions”.</p>		<p>It states that a client’s record should include “Copies of any executed legal orders and directives, such as guardianship orders issued under RSA 464-A, a durable power of attorney for healthcare, or a living will”</p>
New Jersey	<p>The New Jersey Department of Mental Health Services has published a standard form</p> <p>http://www.state.nj.us/humanservices/dmhas/forms/Advance%20Directives/PAD_English.pdf</p> <p>Instructions</p> <p>http://www.state.nj.us/humanservices/dmhas/forms/Advance%20Directives/PAD_Instructions_English.pdf</p> <p>Brochure</p> <p>http://www.state.nj.us/humanservices/dmhas/forms/Advance%20Directives</p>	<p>P.L. 2005, c. 233 Title 10. Human Services. Chapter 32. Advance Directives for Mental Health Care http://www.state.nj.us/humanservices/providers/rules/regs/NJAC%2010_32%20Advance%20Directives%20for%20Mental%20Health.pdf</p> <p>The New Jersey Advance Directives for Mental Health Care Act allows you to write instructions for your psychiatric treatment in the event that you are incapable to make or communicate those instructions. The statute also allows you to appoint an agent to instruct mental health care professionals for you. In New Jersey, this person is called a “mental health care representative.”</p>	<p>Psychiatric Advance Directive (PAD)/Crisis Plan. New Jersey Advance Directives for Mental Health Care Act. http://www.mhanj.org/wp-content/uploads/2013/01/Psychiatric-Advance-Directive-Form-Print-Out-to-Handwrite.pdf</p> <p>This form asks about substance use.</p> <p>This form gives permission to the</p>	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	s/Adv Directive brochure.pdf		representative to receive information about alcohol and substance abuse diagnosis and treatment on page 3. https://www.ecare-diary.com/advance-directives/New%20Jersey%20Advanced%20Directives.pdf	
New Mexico	Optional Form http://www.nrc-pad.org/images/stories/PDFs/newmexicopadform.pdf	HB 459 http://www.nrc-pad.org/images/stories/PDFs/newmexicopadstatute.pdf New Mexico’s Mental Health Care Treatment Decisions Act allows you to write instructions for your psychiatric treatment in the event that you are incapable to make or communicate those instructions. The statute also allows you to appoint an agent to instruct mental health care professionals for you. In New Mexico, a PAD is known as an “advance directive for mental health treatment.” The statute includes a standard form.	None	None
New York*	Planning Your Health Care in Advance	New York does not currently have a specific statute for a psychiatric advance directive.	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	https://www.ag.ny.gov/sites/default/files/pdfs/publications/Planning_Your_Health_Care_in_Advance.pdf Health Care Proxy https://www.health.ny.gov/publications/1430.pdf	The New York Health Care Proxy Law https://www.health.ny.gov/professionals/patients/health_care_proxy/ The New York law entitled “Health Care Agents and Proxies” allows you to appoint an agent who will make decisions for you if you are unable to make those decisions yourself. In addition, or alternatively, you may write instructions for your future mental health treatment in a Living Will.		
North Carolina	Statutory Short Form Power of Attorney http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_32A/GS_32A-1.pdf Registry https://www.sosnc.gov/ahcdr/	Chapter 32A: Powers Of Attorney. http://www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl?Chapter=0032A North Carolina provided for mental health treatment consumers (MHT consumers) can plan ahead for mental health treatment they might want to receive if they are in a crisis and are unable to communicate for themselves or make voluntary decisions of their own free will. An Advance Directive for Mental Health Treatment allows MHT consumers to write treatment preferences or instructions if they had a crisis in the future and could not make their own mental health treatment decisions.	None	None
North Dakota	Guidance for Mental Health Advance Directives	Chapter 23-06.5 23-06.5-01. Statement of purpose. 23-06.5-02. Definitions. 23-06.5-03. Health care directive.	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	<p>http://ndpanda.org/docs/mhad-guidance0514.pdf</p> <p>Statutory Form on page 6</p> <p>http://www.legis.nd.gov/cencode/t23c06-5.pdf#nameddest=23-06p5-16</p>	<p>23-06.5-04. Restrictions on who can act as agent.</p> <p>23-06.5-05. Health care directive requirements - Execution and witnesses.</p> <p>23-06.5-05.1. Suggested health care directive form.</p> <p>23-06.5-06. Acceptance of appointment - Withdrawal.</p> <p>23-06.5-07. Revocation.</p> <p>23-06.5-08. Inspection and disclosure of medical information.</p> <p>23-06.5-09. Duties of provider.</p> <p>23-06.5-10. Freedom from influence.</p> <p>23-06.5-11. Reciprocity.</p> <p>23-06.5-12. Immunity.</p> <p>23-06.5-13. Presumptions and application.</p> <p>23-06.5-14. Liability for health care costs.</p> <p>23-06.5-15. Validity of previously executed durable powers of attorney or other directives.</p> <p>23-06.5-16. Use of statutory form.</p> <p>23-06.5-17. Optional health care directive form.</p> <p>23-06.5-18. Penalties.</p> <p>23-06.5-19. Health care record registry - Fees.</p> <p>http://www.legis.nd.gov/cencode/t23c06-5.pdf</p> <p>The North Dakota statute entitled “Health Care Directives” allows you to appoint an agent to make decisions about your psychiatric treatment if you become incompetent to make those decisions; or to write instructions about how you would like your psychiatric treatment to proceed; or both. A standard form is provided in the statute.</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>The statute says that your providers may decline to follow your instructions, or those of your agent, in three situations: (1) The provider feels unable to follow the instructions for “reasons of conscience or other conflict”; in that situation, the provider must try to find another provider who will follow the instructions; (2) The provider considers that the instructions run contrary to “reasonable medical standards”; (3) You are considered to require “comfort, care or alleviation of pain”, and the treatment required for those purposes would be in conflict with your instructions.</p>		
Ohio	<p>State of Ohio Declaration for Mental Health Treatment http://www.nrc-pad.org/images/stories/PDFs/ohiopadform.pdf</p>	<p>2135.01. Declaration for mental health treatment definitions. 2135.02. Declaration governing use or continuation, or the withholding or withdrawal, of mental health treatment. 2135-03. Validity and effect - revocation. 2135-04. When declaration becomes operative. 2135-05. Designation of proxy to make mental health decisions. 2135-06. Execution of declaration. 2135-07. Treatment provider unwilling to comply with declaration. 2135-08. Liability and duty of proxy. 2135-09. Revoking declaration. 2135-10. Liability of mental health treatment provider. 2135-11. No requirement to execute declaration.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>2135-12. Declaration does not supersede other advanced health directives.</p> <p>2135-13. Application opposing decisions.</p> <p>2135-14. Printed form of declaration.</p> <p>http://codes.ohio.gov/orc/2135</p> <p>A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows you, while capable, to appoint a representative to make decisions on your behalf when you lack the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment.</p> <p>Ohio's Declarations for Mental Health Treatment statute allows you to write instructions (a "declaration") about how you would like your future mental health treatment to proceed in the event of a crisis. Additionally, Ohio's Durable Power of Attorney for Health Care statute allows you to appoint an agent to make health care decisions for you, including mental health decisions, in the event of a crisis.</p> <p>The statute says that the provider is only obliged to follow the PAD so far as it is "consistent with reasonable medical practice, the availability of treatments, and applicable law."</p>		
Oklahoma	Advance Directive for Mental Health Treatment	<p>Title 43A Mental Health</p> <p>43A-11-101. Short title.</p> <p>43A-11-102. Legislative findings.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	http://www.nrc-pad.org/images/stories/PDFs/oklahomapadform.pdf	<p>43A-11-103. Definitions.</p> <p>43A-11-104. Execution - Rights not affected - Presumptions.</p> <p>43A-11-105. Validity - Witnesses - Eligibility as attorney-in-fact.</p> <p>43A-11-106. Form of advance directive - Designation and authority of attorney-in-fact.</p> <p>43A-11-107. When advance directive becomes operative - Contrary or conflicting instructions given by attorney-in-fact.</p> <p>43A-11-108. Delivery of advance directive to attending physician or psychologist - Duty of attending physician or other mental health treatment provider.</p> <p>43A-11-109. Revocation - Actual notice.</p> <p>43A-11-110. Examination of declarant - Certification - Duty to follow terms of advance directive.</p> <p>43A-11-111. Petition for appointment of guardian.</p> <p>43A-11-112. Immunity from civil or criminal liability.</p> <p>43A-11-113. Violations - Penalties.</p> <p>http://www.nrc-pad.org/images/stories/PDFs/oklahomapadstatute.pdf</p> <p>Oklahoma’s Advance Directives for Mental Health Treatment Act allows you to write instructions (a “declaration”) for your psychiatric treatment in the event that you are incapable to make or communicate those instructions. The statute also allows you to</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		appoint an agent, known as an “attorney in fact”, to instruct mental health care professionals for you. You may choose to make a declaration, appoint an attorney in fact, or do both.		
Oregon	Guide and Form https://www.oregon.gov/oha/amh/forms/declarations.pdf	<p>Chapter 784 Oregon Laws 2009</p> <p>https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2009orLaw0784.html</p> <p>Oregon’s statute entitled, “Declarations for Mental Health Treatment,” allows you to appoint an agent to make decisions about your treatment if you become incompetent to make decisions; write instructions about how you would like your mental health care to proceed; or both.</p> <p>The statute allows you to set out your instructions on any aspect of your mental health treatment or your personal affairs. This may include medication and/or hospital preferences, including refusals of medication or hospitalization. You may provide advance consent to admission in a facility for mental health treatment for a period of seventeen days or less.</p>	None	None
Pennsylvania	Mental Health Declaration http://www.nrc-pad.org/images/stories/PDFs/pa%20mental%20health%20declaration.pdf	<p>Chapter 58</p> <p>Mental Health Care.</p> <p>http://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=20&div=0&chpt=58</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	<p>Mental Health Power of Attorney http://www.nrc-pad.org/images/stories/PDFs/pa%20mental%20health%20power%20of%20attorney.pdf</p> <p>Combined Mental Health Care Declaration and Power of Attorney Form http://www.nrc-pad.org/images/stories/PDFs/pacombinedform.pdf</p>	<p>Title 20, Chapter 58, of the Pennsylvania Consolidated Statutes allows you to write instructions for your psychiatric treatment in the event that you are incapable to make or communicate those instructions. In Pennsylvania, the document in which you record your instructions is called a Mental Health Declaration. The statute also allows you to appoint an agent to instruct mental health care professionals for you. This is called a Mental Health Power of Attorney. You may choose to make a Mental Health Declaration, a Mental Health Power of Attorney, or both.</p>		
<p>Rhode Island*</p>	<p>Durable Power of Attorney for Health Care http://www.nrc-pad.org/images/stories/PDFs/rhodeisland_hcpa.pdf</p>	<p>Rhode Island does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 23-4.11 Rights of the Terminally Ill Act. http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-4.11/INDEX.HTM</p> <p>Chapter 23-4.10 Health Care Power of Attorney. http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-4.10/INDEX.HTM</p>	<p>None</p>	<p>None</p>

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>Rhode Island’s Health Care Power of Attorney statute allows you to appoint an agent to make health care decisions for you in the event that you become unable to make those decisions yourself. These decisions could be about any type of health care, including mental health care. In appointing an agent, you may wish to specify how he/she should make decisions by documenting preferences about your mental health treatment.</p> <p>The statute does not specify how incompetence is to be assessed.</p>		
South Carolina*	<p>Health Care Power of Attorney</p> <p>http://www.state.sc.us/dmh/consumer_resources/powerofattorney.pdf</p>	<p>South Carolina does not currently have a specific statute for a psychiatric advance directive.</p> <p>Policy Office of the State Director of Mental Health Directive No. 804-97 http://www.state.sc.us/dmh/804-97.htm</p> <p>The Code of South Carolina provides for Advanced Directives but not Psychiatric Advance Directives (PAD). The South Carolina Department of Mental Health has recently published a PAD, known as a “Declaration for Mental Health Treatment.”</p>	<p>This form includes a HIPAA Authorization on page 3</p> <p>http://aging.sc.gov/SiteCollectionDocuments/S/SCHealthCarePowerOfAttorney.pdf</p>	None
South Dakota	Declaration and Power of Attorney for Mental Health Treatment	Chapter 59-7 Termination of Agency	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	http://www.nrc-pad.org/images/stories/PDFs/southdakotapadform.pdf	<p>59-7-1. Acts constituting termination.</p> <p>59-7-2. Termination where power of agent not coupled with an interest.</p> <p>59-7-2.1. Continuing authority of agent notwithstanding disability of principal when intent shown.</p> <p>59-7-2.2. Recording of continuing power of attorney-- Force and effect--Duration.</p> <p>59-7-2.3. Binding effect of agent's acts under continuing power.</p> <p>59-7-2.4. Nomination by principal of guardian or conservator.</p> <p>59-7-2.5. Health care decisions by agent.</p> <p>59-7-2.6. Physician's determination of principal's decisional capacity.</p> <p>59-7-2.7. Comfort care required--Conditions for withdrawal of artificial nutrition or hydration.</p> <p>59-7-2.8. Artificial nutrition and hydration for pregnant woman--Certification by physicians.</p> <p>59-7-3 Actual knowledge of death or disability required to terminate agency as to persons acting in good faith--Binding effect of agent's actions.</p> <p>59-7-4. Affidavit of want of knowledge of death--Proof of nontermination of agency.</p> <p>59-7-5. Report of missing in action does not constitute actual knowledge of death.</p> <p>59-7-6. Provision for revocation or termination contained in power of attorney unaffected.</p> <p>59-7-7. Severability of provisions.</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>59-7-8. Immunity of health care provider acting or declining to act in reliance on attorney-in-fact or agent--Decisional capacity of principal.</p> <p>59-7-9. Acts pursuant to durable power of attorney-- Absent termination provision, authority not affected by time lapse since execution of instrument.</p> <p>59-7-10. Appointment of conservator terminates power of attorney.</p> <p>59-7-11. Appointment of guardian terminates power of attorney.</p> <p>http://www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=59-7</p> <p>South Dakota’s statute does not provide specifically for PADs, Title 59, Chapter 7 of South Dakotas statutes allows you to appoint an agent to make decisions for you in the event that you are unable to make them for yourself. In South Dakota, this person is known as an “Attorney in Fact” or "Agent" and the document naming the individual is known as a “Durable Power of Attorney for Health Care”. There is no mandatory form.</p>		
Tennessee	<p>Declaration for Mental Health Treatment</p> <p>https://tn.gov/assets/entities/behavioral-health/attachments/Decl</p>	<p>Tennessee Code Annotated, Title 33, Chapter 6, Part 10.</p> <p>33-06-1001. Declaration for mental health treatment authorized -- Contents.</p> <p>33-06-1002. "Incapable of making mental health treatment decisions" defined.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	aration for Mental Health Treatment-Form.pdf	<p>33-06-1003. Duration of declaration -- Expiration -- Revocation.</p> <p>33-06-1004. Signature required -- Witnesses.</p> <p>33-06-1005. Effective date and applicability of declaration -- Compliance.</p> <p>33-06-1006. Care contrary to declaration -- Authorization by review committee -- Emergency.</p> <p>33-06-1007. Declaration superior to powers of conservator.</p> <p>33-06-1008. New mental health care provider to receive copy of declaration.</p> <p>33-06-1009. Effect of declarations executed in another state.</p> <p>33-06-1010. Incorporation into durable power of attorney for health care.</p> <p>33-06-1011. Immunity for actions taken or not taken in good faith reliance on declaration.</p> <p>33-06-1012. Admission to treatment not to be conditioned on execution of declaration for mental health treatment.</p> <p>33-06-1013. Destruction or alteration of declaration prohibited -- Penalty.</p> <p>33-06-1014. Standard form for declaration for mental health treatment.</p> <p>33-06-1015. Providers to have written policies and procedures relating to declarations for mental health treatment.</p> <p>http://search.mleesmith.com/tca/33-06-1000.html</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>Tennessee Statute entitled “Durable Power of Attorney for Health Care.” This is separate from the PAD. It allows you to appoint a person to make decisions if you become incompetent, whether those decisions relate to psychiatric or other medical treatment.</p> <p>Your mental health providers could lawfully decline to follow your PAD if you were involuntarily committed to the hospital under State law and a treatment review committee authorized such a course, or if there was an emergency endangering your life or health: Chapter 33-6-1006.</p>		
Texas	<p>Declaration for Mental Health Treatment http://www.dph.illinois.gov/sites/default/files/forms/declaration-mental-health-treatment-040416.pdf</p>	<p>Civil Practice and Remedies Code. Title 6. Miscellaneous Provisions Chapter 137. Declaration for Mental Health Treatment. http://www.statutes.legis.state.tx.us/Docs/CP/htm/CP.137.htm</p> <p>Chapter 137 of the Texas Civil Practice and Remedies Code allows you to write advance instructions for psychiatric treatment in a “Declaration for Mental Health Treatment.”</p> <p>Health and Safety Code. Title 2. Health. Subtitle H. Public Health provisions. Chapter 166. Advance Directives. Subchapter A. General Provisions.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>http://www.statutes.legis.state.tx.us/docs/Hs/htm/HS.166.htm</p> <p>Chapter 166 of the Health and Safety Code, allows you to appoint an agent to make any health care decisions, including mental health care decisions, in the event that you are unable to make those decisions yourself. This is called a Power of Attorney.</p>		
Utah	<p>Advance Directive Utah State Declaration for My Mental Health Treatment</p> <p>http://www.nrc-pad.org/images/stories/PDFs/utahpadform.pdf</p>	<p>Title 62A, Chapter 15, Part 10, Section 1002.</p> <p>http://le.utah.gov/xcode/Title62A/Chapter15/62A-15-S1002.html</p> <p>Utah Code.</p> <p>Declaration for Mental Health Treatment</p> <p>https://le.utah.gov/xcode/Title62A/Chapter15/C62A-15-P10_1800010118000101.pdf</p> <p>Utah’s Substance Abuse and Mental Health Act allows you to appoint an agent to give instructions for you in the event of a mental health crisis. In Utah, the document in which you record your instructions is called a Declaration for Mental Health Treatment.</p>	None	None
Vermont*	<p>Vermont Advance Directive for Health Care</p> <p>http://healthvermont.gov/vadr/documents/AD_attachmentA.pdf</p>	<p>Vermont does not currently have a specific statute for a psychiatric advance directive.</p> <p>Title 18: Health.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>Chapter 231: Advance Directives For Health Care And Disposition Of Remains.</p> <p>http://legislature.vermont.gov/statutes/chapter/18/231</p> <p>9700. Purpose and policy.</p> <p>9701. Definitions.</p> <p>9702. Advance directive.</p> <p>9703. Form and execution.</p> <p>9704. Amendment, suspension, and revocation.</p> <p>9705. Duty to deliver.</p> <p>9706. When advance directive becomes effective.</p> <p>9707. Authority and obligations of health care providers, health care facilities, and residential care facilities regarding health care instructions.</p> <p>9708. Do-not-resuscitate orders and clinician orders for life-sustaining treatment.</p> <p>9709. Obligations of health care providers, health care facilities, residential care facilities, and health insurers regarding protocols and nondiscrimination.</p> <p>9710. Consent for hospice care.</p> <p>9711. Authority and obligations of agent.</p> <p>9712. Obligations of funeral directors, crematory operators, cemetery officials, procurement organizations, and individuals appointed to arrange for the disposition of the principal's remains.</p> <p>9713. Immunity.</p>		

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>9714. Failure to follow advance directive; unauthorized access of registry; administrative penalties.</p> <p>9715. Interpretation with other laws.</p> <p>9716. Reciprocity; choice of law.</p> <p>9717. Presumption of validity.</p> <p>9718. Petition for review by Probate Division of the Superior Court.</p> <p>9719. Obligations of state agencies.</p> <p>9720. Severability.</p> <p>Title 18, Chapter 231 of the Vermont statutes allows you to appoint an agent to make decisions about your treatment if you become incompetent to make decisions; write instructions about how you would like your health care to proceed; or both. This law covers all types of health care, which could include psychiatric treatment. There is no mandatory form as long as you follow the procedural rules in the statute.</p> <p>The statute allows you to set out your instructions on any aspect of your health care treatment, which could include advance decisions about psychiatric medications and/or hospitalization.</p>		
Virginia*	<p>Virginia Advance Directive for Health Care</p> <p>http://www.nrc-pad.org/images/ad%20fo</p>	<p>Virginia does not currently have a specific statute for a psychiatric advance directive.</p> <p>Health Care Decisions Act.</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	rm%20for%20physical%20and%20mental%20health%20care%20.pdf	https://www.dhp.virginia.gov/dhp_laws/Health_Care_Decisions_Act.doc Virginia’s Health Care Decisions Act authorizes advance directives for mental health as well as other medical treatment. Multiple forms are provided by the Virginia Hospital and Healthcare Association and the Virginia Advance Health Care Directives website, but you are not required to use any specific form. The only requirements are that you put your wishes in writing, sign them, and have two adult witnesses who see you sign, sign as well. If you are appointing an agent to make health care decisions on your behalf, that person should not be one of your two witnesses. The Health Care Decisions Act provides the full legal code governing the use of advance health care directives in Virginia. All variations of Virginia's advance directive for health care form allow you to set out your instructions on any aspect of your psychiatric treatment, which could include advance decisions to request or refuse medications or hospitalization.		
Washington	Mental Health Advance Directive http://www.nrc-pad.org/images/stories/P	Chapter 71.32 RCW Mental Health Advance Directives http://apps.leg.wa.gov/rcw/default.aspx?cite=71.32	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	<p>DFs/washingtonpadform.pdf</p> <p>Statute form</p> <p>http://app.leg.wa.gov/RCW/default.aspx?cite=71.32.260</p>	<p>Washington State’s statute entitled, “Mental Health Advance Directives,” allows you to appoint an agent to make decisions about your treatment if you become incompetent to make decisions; write instructions about how you would like your health care to proceed; or both. There is no mandatory form, but the statute provides a suggested form.</p> <p>The statute allows you to set out your instructions on any aspect of your mental health treatment or your personal affairs. This may include medication and/or hospital preferences, including refusals of either or both.</p>		
West Virginia*	<p>State of West Virginia Medical Power of Attorney</p> <p>http://www.nrc-pad.org/images/stories/PDFs/westvirginia_hcpa.pdf</p> <p>State of West Virginia Living Will</p> <p>http://www.nrc-pad.org/images/stories/PDFs/westvirginia_lwform.pdf</p> <p>Statute form</p>	<p>West Virginia does not currently have a specific statute for a psychiatric advance directive.</p> <p>Living Will/Medical Power of Attorney Statute</p> <p>http://www.nrc-pad.org/images/stories/PDFs/westvirginia_mpoastatute.pdf</p> <p>The West Virginia Health Care Decisions Act allows you to: (1) appoint an agent to make health care decisions for you in the event that you become unable to make those decisions yourself (known as making a “medical power of attorney”); and/or (2) create a “living will” in which you write instructions about how you would like your health care to proceed. The statute covers all</p>	None	<p>Living Will/Medical Power of Attorney Statute.</p> <p>http://www.nrc-pad.org/images/stories/PDFs/westvirginia_mpoastatute.pdf</p> <p>Statute states that you can get a second opinion if you have an addiction.</p>

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
	http://www.nrc-pad.org/images/stories/PDFs/westvirginia_mpoastatute.pdf	types of health care, which may include mental health care.		
Wisconsin*	<p>Declaration to Physicians (Living Will) https://www.dhs.wisconsin.gov/forms/advdirective/s/f00060.pdf</p> <p>Power of Attorney for Health Care https://www.dhs.wisconsin.gov/forms/advdirective/s/f00085.pdf</p>	<p>Wisconsin does not currently have a specific statute for a psychiatric advance directive.</p> <p>Chapter 155 Power of Attorney for Health Care http://www.nrc-pad.org/images/stories/PDFs/wisconsin_hcpastatute.pdf</p> <p>Wisconsin's POA-HC statute prohibits Developmentally Disabled or Mentally Ill principals from appointing a health care agent with the power to admit to a nursing home or group home over 16 beds:</p> <p>155.0(2)(c)2.c, Wis Stats. states, "A healthcare agent may consent to the admission of a principal to the following facilities, under the following conditions: (c.) to a nursing home or a CBRF if the principal is not diagnosed as having a developmental disability or as having a mental illness at the time of the proposed admission."</p>	None	None

State	Mental Health Forms	Mental Health Statute/Rule/Policy	Substance Use Disorders Forms	Substance Use Disorders Statute/Rule/Policy
		<p>Wisconsin’s Power of Attorney for Health Care statute allows you to appoint an agent (called a “health care agent”) to make healthcare decisions for you if you become incompetent to make those decisions yourself. “Health care” may include mental health care. You must use the state’s standard form.</p> <p>The Wisconsin statute does not allow you to write advance instructions for your psychiatric care in a freestanding document.</p>		
Wyoming	<p>Psychiatric Advance Directive</p> <p>http://www.nrc-pad.org/images/stories/PDFs/wyomingpadform.pdf</p>	<p>Title 35, chapter 22, article 3.</p> <p>https://legisweb.state.wy.us/statutes/compress/title35.doc (page 758)</p> <p>or</p> <p>http://www.nrc-pad.org/images/stories/PDFs/wyomingstatute.pdf</p> <p>Wyoming’s statute allows you to appoint an agent to make decisions about your mental health treatment if you become incompetent to make decisions; to write instructions about how you would like your mental health care to proceed; or both.</p>	None	None

Advance Directive for Addiction in Remission and to Ensure Continued Recovery

Patient Last Name	Patient First Name	Middle Initial
Birth Date	Medical Record Number	Date Prepared
A	In event of my inability to speak for myself, I am recovering from addiction to () Alcohol () Opioids () Benzodiazepines () Amphetamine () Cocaine () Other	
B	I would request if any mood altering medications are to be given that they are used sparingly and in amounts and formulations designed for my personal recovery to minimize iatrogenic relapse. Signed document allows for permission to use INSPECT at any time	
C	USE: Long acting () morphine () oxycodone () methadone () oxymorphone () other USE: Short Acting () morphine () oxycodone () hydrocodone () other	
D	Responsible Party for post procedural take home medications	
E	Scheduled () Every [] hours for [] days no longer than [] days	
F	Responsible prescribing clinician/Pharmacy (one of each only)	
G	Copy of current treatment agreement attached	
H	Sponsor/Recovery Coach	



Indiana University Health

April 30, 2010

Dear Dr. Nigh,

This letter concerns the upcoming surgery for John Doe, whom you are operating on.

Due to a past history of addictive disorder with narcotics as drug of choice (primary drug was oxycodone based products, hydrocodone, and IV Demerol), I have outlined a plan for his post-operative pain along with pain psychiatrist Dr. Ed Covington (216.444.5964). John is currently in a very stable remission and has been for nearly 14 years. He wants to maintain sobriety and will work within our suggested guidelines.

We have outlined a protocol for post-operative opioid pain management.

A basic outline would be as such:

1. Toradol for pain, narcotics to be used only emergently.
2. If narcotic is needed, then Kadian 10-20 mg every twelve hours for no longer than two days.
3. John should avoid short-acting narcotics to avoid addictive cues.
4. His wife will destroy and report such directly to you any unused pain medications.

He does have a caregiver to manage all of his home meds after discharge.

Sincerely,

Fred Brick, MD
Medical Director
Chronic Pain Rehabilitation Program
Chemical Dependency Program
Indiana University Health Methodist

CC: John Doe

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