



NOTICE TO PERSON MAKING A DECLARATION FOR MENTAL HEALTH TREATMENT

755 ILCS 43

The Declaration for Mental Health Treatment is an important legal document. Before signing the document, you should know these important facts:

The document allows you to make decisions in advance about three types of mental health treatment; psychotropic medication, electroconvulsive therapy, and short-term (up to 17 days) admission to a treatment facility. The instructions that you include in this declaration will be followed only if two physicians or the court believes that you are incapable of making treatment decisions. Otherwise, you will be considered capable to give or withhold consent for the treatments.

You may also appoint a person as your attorney-in-fact to make these treatment decisions for you if you become incapable. The person you appoint has a duty to act consistent with your desires as stated in this document or, if your desires are not stated or otherwise made known to the attorney-in-fact, to act in a manner consistent with what the person in good faith believes to be in your best interest. For the appointment to be effective, the person you appoint must accept the appointment in writing. The person also has the right to withdraw from acting as your attorney-in-fact anytime.

The document will continue in effect for a period of three years unless you become incapable of participating in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapable.

You have the right to revoke the document in whole or in part at any time you have been determined by a physician to be capable of giving or withholding informed consent for mental health treatment. A revocation is effective when it is communicated to your attending physician in writing and is signed by you and a physician. A Revocation of Declaration for Mental Health Treatment is available at your request.

I certify that I gave a copy of this Notice to the individual at the time of admission, in English Spanish
 Other - specify _____ .

A copy of this statement and the IL462-2102, Declaration for Mental Health Treatment (if completed), have been placed in the individual's clinical record.

(Date)

(Staff Signature)

(Position Title)