

Deborah D. Declarant
Psychiatric Advance Directive

LIMITED PSYCHIATRIC ADVANCE MEDICAL DIRECTIVE
AUTHORIZING TREATMENT OVER PROTEST

I, **Deborah D. Declarant**, of Richmond, Virginia, am the Declarant. I willfully and voluntarily make known my wishes if in the future I become incapable of making an informed decision with respect to treatment of any mental illness or mental disease which may now or hereafter afflict me, and while incapable, I protest or object to recommended treatment for such mental illness or mental disease.

If I do not protest health care treatment for mental illness or mental disease, health care providers may rely upon the authority of my agent(s) herein appointed, or upon the authority of any other agent(s) I have appointed under any other advance directive

ADVANCE DIRECTIVE INFORMATION

I have no other advance directive.

I have a general advance directive. This instrument supplements the advance directive which appoints the following person(s) as my agent(s):

_____ Phone: _____

Andrew First Agent

_____ Phone: _____

Betty Second Agent

“INCAPABLE OF MAKING AN INFORMED DECISION” DEFINED;
REQUIRED PROCEDURE AND NOTICE TO ME

The phrase "incapable of making an informed decision" means the inability to understand the nature, extent and probable consequences of a proposed mental health care decision or unable to make a rational evaluation of the risks and benefits of a proposed mental health care decision as compared with the risks and benefits of alternatives to that decision, or unable to communicate such understanding.

The determination that I am incapable of making an informed decision regarding mental health care shall be made by my attending physician and a second physician or licensed clinical psychologist after a personal examination of me and shall be certified in writing. The second physician or licensed clinical psychologist shall not be otherwise currently involved in my treatment, unless such independent physician or licensed clinical psychologist is not reasonably available.

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44 Such certification shall be required before mental health care is provided, and before any
45 named agent shall have authority to make health care decisions on my behalf under this
46 instrument, and before, or as soon as reasonably practicable after, health care is provided,
47 continued, withheld or withdrawn and every 180 days thereafter while the need for such mental
48 health care continues.

49
50 If I am at any time determined to be incapable of making an informed
51 decision, I shall be notified, to the extent I am capable of receiving such notice, that such
52 determination has been made before health care is provided, continued, withheld, or withdrawn.
53 Such notice shall also be provided, as soon as practical, to my named agents or person authorized
54 by § [54.1-2986](#) to make health care decisions on my behalf. If I am later determined to be
55 capable of making an informed decision by a physician, in writing, upon personal examination,
56 any further health care decisions will require my informed consent.

MENTAL ILLNESS AND MENTAL DISEASE DEFINED

59
60 As used in this instrument "mental illness" or "mental disease" shall include any disorder
61 of thought, mood, emotion, perception, or orientation that significantly impairs judgment,
62 behavior, capacity to recognize reality, or ability to address basic life necessities and requires
63 care and treatment for the health, safety, or recovery of the individual or for the safety of others.

64
65 Without limitation, I intend to include within the definition of "mental illness" or "mental
66 disease" the diagnosis of dementia and related disorders, including but not limited to Alzheimer's
67 disease, and other organically caused disorders, commonly the consequence of cerebrovascular
68 accident or "stroke," and which are generally characterized by a mental deterioration of organic
69 or functional origin. However, before this instrument may be relied upon to provide consent for
70 treatment of any such disorder over my protest, such diagnosis must be confirmed in writing by a
71 licensed psychiatrist or neurologist in the jurisdiction in which such treatment is to be delivered.

APPOINTMENT OF AGENT(S); DUTIES OF AGENT(S)

72
73
74
75 I appoint one or more agents under this instrument for the purpose of consenting to my
76 admission to a psychiatric hospital and to psychiatric treatment in such hospital pursuant to the
77 provisions of Virginia law, specifically including but not limited to Virginia Code §§ 37.2-805.1,
78 54.1-2984, and 54.1-2986.2.

79
80 I hereby appoint **Andrew First Agent**, of Abingdon, Virginia, as my PRIMARY
81 AGENT to make health care decisions authorized in this document for me. If Andrew First
82 Agent is not reasonably available, able or willing to act as my agent under this instrument, I
83 appoint **Betty Second Agent**, of Bedford, Virginia, as my SUCCESSOR AGENT to serve in that
84 capacity.

85
86 All third parties may rely upon the statement of Betty Second Agent that Andrew First
87 Agent is not available, able or willing to act. Such statement shall be made in writing as soon as
88 practicable.

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89
90 References to “my agent” in this instrument shall apply to Andrew First Agent and Betty
91 Second Agent in the order of priority stated.
92

93 I hereby grant to my agent, in the order of priority stated above, full power and authority
94 to make mental health care decisions on my behalf as described below whenever I have been
95 determined to be incapable of making an informed decision, even in the event of my protest.
96

97 Except as limited below, my agent's authority hereunder is effective as long as I am
98 incapable of making an informed decision.
99

100 My agent shall follow my desires and preferences stated in this
101 document and otherwise known to my agent. My agent shall be guided by
102 my medical diagnosis and prognosis and any information provided by my
103 physicians as to the intrusiveness, pain, risks, and side effects associated
104 with treatment or non-treatment for which consent is requested.
105

106 My agent shall make no decision regarding my health care which my
107 agent knows, or upon reasonable inquiry ought to know, is contrary to my
108 religious beliefs or my basic values, whether expressed orally or in writing.
109 If my agent cannot determine what health care choice I would have made on
110 my own behalf, my agent shall make a choice for me based upon what my
111 agent believes to be in my best interests.
112

113 The powers of my agent under this instrument are limited to the
114 following:
115

- A. If I have executed any other advance directive, to grant in writing to my agent(s) under such directive any part or all of the powers herein given, and to revoke in writing such grant;
- B. **To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days, *EVEN OVER MY PROTEST*, if a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness and I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility, and while I am an in-patient at such facility, except as limited by me below, to authorize administration of such anti-psychotic medications and treatment with electroconvulsive therapy as my physician shall prescribe, *EVEN OVER MY PROTEST*;**
- C. To request, receive, and review any information, verbal or written, regarding my health, including but not limited to mental health care, medical and hospital

Printed name: _____ Date: _____	Declarant is capable of informed decision-making, and understands this Directive, including the consequences of paragraph B hereof. _____ <input type="checkbox"/> Physician <input type="checkbox"/> Licensed Clinical Psychologist
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records, and to consent to the disclosure of this information, including but not limited to records regarding my mental health issues which may be related to substance abuse issues, as otherwise made confidential by reference to 42 U.S.C. 290dd-2, and without limitation, to confer authority upon third parties for the accession of such records;

- D. To request, receive, and review any information, verbal or written, regarding my health, including but not limited to mental health care, medical and hospital records, and to consent to the disclosure of this information, including but not limited to records regarding my mental health issues which may be related to substance abuse issues, as otherwise made confidential by reference to 42 U.S.C. 290dd-2, and without limitation, to confer authority upon third parties for the accession of such records; and
- E. To employ and discharge my health care providers providing mental health care to me;
- F. To continue to serve as my agent even in the event that I protest the agent's authority after I have been determined to be incapable of making an informed decision; and
- G. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

116
117 **My agent shall not be liable for the costs of health care pursuant to my agent's**
118 **authorization, based solely on that authorization.**
119

120
121 **HEALTH CARE I SPECIFICALLY DECLINE AND AS TO WHICH**
122 **MY AGENT MAY NOT CONSENT**
123

124 I refuse the following mental health care. I specifically forbid my agent to consent to the
125 following mental health care: **(if there is no care which I decline, this box remains blank).**
126
127
128
129
130
131
132
133

134 **AFFIRMATION; RIGHT TO REVOKE**
135

136 I am emotionally and mentally capable of making this advance directive. I understand
137 the purpose and effect of this document is limited to mental health treatment, and that my agent

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138 may consent to the same even over my protest. However, until and unless I am determined
139 incapable of revoking this advance directive, during which period of incapacity I may not revoke
140 the same, I understand I may revoke all or any part of this document at any time with a signed,
141 dated writing; by physical cancellation or destruction of this advance directive by myself or by
142 directing someone else to destroy it in my presence; or by my oral expression of intent to revoke.

143 _____
144 _____
145 (Date) **Deborah D. Declarant**, Declarant

146
147 The declarant signed the foregoing advance directive in my presence.

148
149 (Witness) _____

150
151 (Witness) _____

152
153 _____

Contact Information for Agents

154
155 Andrew First Agent
156 Address: _____

Betty Second Agent
Address: _____

Home Telephone: _____

Home Telephone: _____

Cellular Telephone: _____

Cellular Telephone: _____

Work Telephone: _____

Work Telephone: _____

Email: _____
@ _____

Email: _____
@ _____

157
158 _____

Optional: The Virginia Advance Health Care Directive Registry

159
160
161 The 2008 Virginia Acts of Assembly, Chapter 696, added Article 9 to Chapter 29 of Title 54.1 of the
162 Virginia Code (Virginia Code §§ 54.1-2994, 2995, and 2996), relating to the Virginia Advance Health Care
163 Directive Registry. The Act requires regulations to be enacted and sufficient federal, local, and private funds to be
164 secured before the Virginia Department of Health is required to make the registry available to the public. The Act
165 requires that any directive to be registered must be notarized, but that failure to notarize will have no effect upon the
166 validity of the directive.
167

168
169 Commonwealth of Virginia, City / County of _____: The foregoing instrument was
170 acknowledged before me this date, _____, 20___, by **Deborah D. Declarant**.

171
172 _____, Notary Public. Registration number: _____

173 My Commission expires: _____, 2____.