



Psychiatric Advance Directive User Guide

Before You Begin

- ✓ Read through the entire document before you begin
- ✓ Gather necessary information
- ✓ Decide whether you will use a notary or 2 witnesses
- ✓ Do not sign the document until your notary or 2 witnesses are present
- ✓ If you have difficulty writing, it's okay to have another person write in your responses as long as you sign it – just be sure to review the entire document for accuracy before signing
- ✓ When making a selection, use your initials instead of a check mark
- ✓ Avoid leaving fill-in sections blank - add in "N/A" or line through blank spaces
- ✓ Use black or blue ink to complete this form

This user guide is intended to walk you through the psychiatric advanced directive, providing additional information and examples. Things typed in blue handwriting font are examples and are intended help you understand how to complete the form. Nothing in this guide should be interpreted as legal advice, the creation of an attorney-client relationship between you and Disability Rights Arkansas, or a substitute for individual consultation with a lawyer.

Section I: Agent

Example

I, Emily Doe aka Emily Smith, being of sound mind, authorize the following agent to make my mental healthcare decisions....

Print your full legal name. If you are well known by a name other than your legal name, use your legal name followed by "aka" and the name by which you are known.

Your agent and alternate agent should be someone you trust to make decisions on your behalf when you are unable to do so. Prior to selecting an agent and alternate agent, you should have a discussion with those individuals about your wishes and whether or not they are willing to honor those wishes. Once you decide on an agent and alternate agent, confirm that they are willing and able to serve as your agent.

Example

Agent's Name: Bob Doe
Address: 1234 Lovers Lane Little Rock, AR 22222
Home Phone: N/A Cell Phone: (123) 456-7890
Work Phone: (234) 567-8901 Alternate Phone: N/A

Complete the Alternate Agent section in the same way you completed the Agent section. An alternate agent is preferred, but not required. If you do not have an alternate agent, write "N/A" where you would normally place the alternate agent's information.

Example

My agent or alternate agent is my spouse:
 No - Skip the following question and move on to Section II.
ED Yes - Answer the following questions before moving to Section II.

I do not (do/do not) desire that he person named as my agent, who is now my spouse, remain as my agent even if we become legally separated or our marriage is dissolved.

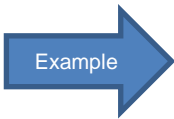
Arkansas law revokes the designation of a spouse as an agent upon annulment, divorce, dissolution of marriage, or legal separation unless otherwise specified. If you have chosen your spouse as your agent or alternative agent, you will need to select "Yes" and fill in whether you "do" or "do not" want your spouse to remain your agent in the event of annulment, divorce, dissolution of marriage, or legal separation.

Section II: Guardian

In the event that you become incapacitated, someone may file for temporary and/or permanent guardianship. Arkansas law allows for a guardian of the **person** and a guardian of the **estate**. Putting it simply, the guardian of the person is responsible for the care and maintenance of the ward and the guardian of the estate is responsible for the ward's property and finances. When courts determine that both guardian of the person and guardian of the estate are necessary, they often assign the same person as both guardian of the person and guardian of the estate. They can, however, be two different people.

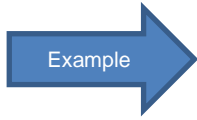
Taking time to document who you would like to be your guardian in the event that a court finds guardianship necessary, gives you the opportunity to provide input to the court regarding its decision. You also have an opportunity to inform the court who you do not want to be guardian. This does not guarantee that the court will honor your requests. However, courts often have to make decisions without any input from the ward, and this gives you an opportunity to provide input regarding your preferences.

Section III: Inpatient Treatment



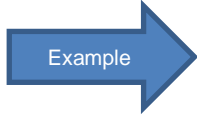
1st Choice	The River Treatment Center Little Rock, AR
2nd Choice	Catholic Behavioral Health Memphis, TN
3rd Choice	N/A -----

This subsection gives you an opportunity to request your **preferred** treatment centers. Things you may want to consider when listing your preferences are: places where you have had a positive experience in the past, treatment centers that accept and are covered by your insurance, treatment centers with positive reviews from patients, visitation and phone call policies, whether the location will hinder visitors' ability to visit you, whether the treatment center allowing smoking, and whether you have had positive experiences with affiliated doctors of the treatment center.



Facility	Reason
New Day Treatment Center Greenwood, AR	I had a traumatic experience at this treatment center
The Village Branch, AR	My aunt is a nurse at this facility
N/A	-----

The above subsection allows you to list treatment centers in which you do not want to be placed. Providing a reason for your request may be helpful to your agent or decision maker, but it is not required.



Additional information regarding inpatient care:
Please make sure I am not placed in a facility that does not allow smoking.
I would like to stay as close to home as possible so my children can visit.

The above subsection allows you provide any additional information or requests that will help your agent or decision-maker take your preferences into consideration when making decisions on your behalf.

Section IV: Emergency Intervention

Example

The following may cause me to experience a mental health crisis:

Because of past trauma that I have experienced, sometimes loud noises, such as fireworks, can cause me to have a strong emotional response.

Use the above section to provide information about anything that could trigger a mental health crisis. You may not know of any such triggers. If not, simply line through the blanks and move on to the next subsection.

Example

The following may help me avoid a mental health crisis:

When I am around a lot of noises, I can sometimes calm myself by going to a quiet place where I can be alone. -----

Use the above section to provide information about things that help you avoid a mental health crisis. You may not know of any things that help you avoid a mental health crisis. If not, simply line through the blanks and move on to the next subsection.

Example

Staff at the hospital or crisis center can help me by doing the following:

I become very anxious when I don't know my routine. Staff can help me minimize anxiety by providing me with a daily schedule.

Use the above section to provide information that will be helpful to those assisting you in an inpatient treatment facility. If you do not have any comments to add in this subsection, line through the blanks and move to the next subsection.

Example

Staff can minimize use of restraint and seclusion by doing the following:

Allowing me to go to my room and be alone when I'm upset. -----

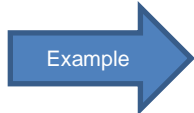
Use the above section to provide information about how staff can assist you in deescalating a crisis situation before restraint or seclusion is necessary.

Example

In the event that it is determined that I am engaging in behavior that requires emergency intervention, I **prefer** emergency interventions in the following order:

- 5 Seclusion
- 6 Physical Restraint
- 7 Seclusion and Physical Restraints (combined)
- 2 Medication in Pill Form
- 3 Liquid Medication
- 4 Medication by Injection
- 1 Other a seclusion room with the door open

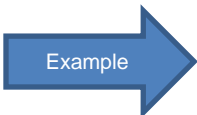
Use the above section to indicate your order of preference for emergency intervention. Keep in mind that treatment centers may have their own policy and procedures regarding emergency intervention. In crisis situations, treatment centers should make the best decision they can to maintain your safety and the safety of others.



In the event that I am hospitalized, I prefer to be treated by:

Medical Professional	Reason
Dr. Joe Smith	He has helped me in the past and I am comfortable with him.
Dr. Julie Brown	My PCP recommended her.
Brad Jones, LCSW	We have a good rapport.

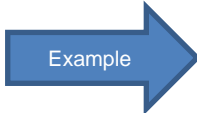
Use the above section to identify your preferred medical professionals. You can list doctors, psychiatrists, nurses, therapist, etc. If you do not have preferences, draw a line through this subsection and move on to the next subsection.



I prefer **not** to be treated by:

Medical Professional	Reason
Dr. Beth Stuart	I have had a bad experience with this doctor.
David Black, APN	I don't feel comfortable sharing personal information with him because he attends my church
N/A	-----

Use the above section to identify medical professionals by whom you do not wish to be treated. If there are no medical professionals by whom you do not wish to be treated, line through this subsection and move on to the next subsection.



I agree to the administration of the following medication(s):

<u>Prozac</u>	<u>Haldol</u>
<u>Ativan</u>	<u>N/A</u>

Use the above section to list medications that you are comfortable taking. These may be medications you are currently taking or medications you have taken in the past. These may be medication you take regularly or medications that are taken "as needed." Before moving to the next subsection, line through any blanks you do not use.

Section V: Medication & Treatment Instructions

Example

I do not agree to the administration of the following medication(s):

Medication	Reason
Dapakote	I'm allergic to this medication.
Lithium	It's too risky.
Cogentin	It makes me nauseated.

Use the above section to list medications you do not wish to take. Listing a reason will be helpful to those involved in your treatment, but is not required. There are no "wrong" reasons. Before moving to the next section, line through any blanks you do not use.

Section VI: Notification

Example

In the event that I am placed in inpatient care, my agent should notify the following individuals immediately:

Name: Carol Doe Relationship: Daughter
Email: carol@gmail.com Home Phone: (222) 333-4444
Cell Phone: (555) 666-7777 Work Phone: N/A

Use the above section to list individuals you wish to be notified upon your admission to inpatient treatment. There is another section for visitors. This section is just for those individuals you wish to be notified.

Section VII: Visitation

If you are admitted into an inpatient treatment center, the facility will likely ask you or someone with you at the time of admission for a passcode. If someone tries call or visit you at the facility, the facility should not confirm or deny your presence without your passcode. Giving someone your passcode does not authorize the facility to disclose information about your treatment to that person.

Example

In the event that I require inpatient care, I request that the following individuals are given my passcode and placed on my visitation list:

Name: Carol Doe Relationship: Daughter
Email: carol@gmail.com Home Phone: (222) 333-4444
Cell Phone: (555) 666-7777 Work Phone: N/A

Use the above section to list individuals you would like to be able to call and visit you in the event that you are admitted into inpatient treatment. Completing this section does not guarantee that you will be allowed visitation with the listed individuals during inpatient treatment.

Example

The following individuals should not be given my passcode and should not be allowed to visit me:

Dawn Glass N/A
N/A N/A

Use the above section to identify individuals you **do not** want to call or visit you in the event that you are admitted to inpatient treatment. If there are no individuals who you would like to prevent from calling or visiting, line through this subsection and move on to Section VIII.

Section VIII: Children

In the event that you are unable to care for your children, you may want to identify individuals whom you trust to care for them. If you are unable to care for your children, a court may find that your need children are in need of a temporary guardian who can insure that their needs are met. You should consider whether you are comfortable with the person(s) you identified to care for your children having temporary guardianship.

Example

Yes	No	
ED		In the event that I am unable to care for my children, I prefer that the following care for my children
ED		In the event that a court finds temporary custody is necessary, I prefer the following persons to be considered

Use the above subsection to clarify whether you prefer that individual(s) listed provide care for your children only while you are inpatient, as a temporary guardian, or both by initialing either "Yes" or "No" by each statement.

Example

First Choice:

Name: Tammy Davis Relationship: Godmother
Address: 123 Fourth Ave. Hot Springs, AR 75564
Home Phone: (666) 777-8888 Cell Phone: (666) 888-9999
Work Phone: (666) 999-1111 Alternate Phone: N/A

Use the above subsection to identify the individual(s) you have selected and the order of your preference. Try to include as much contact information as possible. If you do not have 3 choices, line through the blanks you do not use.

Example

I request that the following are **not** allowed to care for my children:

Name: Aaron Parke Relationship: my stepfather

Use the above subsection to identify individuals you **do not** want to care for your children. Keep in mind that this does not guarantee that the individuals you list

will not be allowed to care for your children. Courts have discretion to appoint an individual or individuals as guardian/custodian(s) against your wishes. Completing this section, however, provides an opportunity to let your wishes be known and taken into consideration.

Section IX: Additional Instructions

Use this section to provide any additional instruction or information. You may need more space. If so, it is okay to complete it on a separate sheet of paper. If you do, be sure to indicate so on the form. For example, you can write, “completed on attached” or “see attached.” If you know you need a lot of space, it’s okay to just write, “See attached,” and complete this entire section on another sheet of paper.

Examples of things you may want to place in this section are:

- Information about who will care for pets in the event that you become unable to do so – you may also want to include instructions for caring for your pets
 - Financial information – In the event that someone has to make sure that your bills are paid, you may want to document information about when bills are due and if you have any autodrafts
 - Information about caring for your property
 - Information you would like relayed to your employer
 - Items you would like to have with you while in inpatient treatment
 - Products that cause irritations and should be avoided while in inpatient treatment
 - Food allergies/sensitivities/preferences
-

Section X: Signature

*****Do NOT sign this document until a notary or your two witnesses are present*****

Arkansas law requires that you either sign this document in front of a notary or two witnesses. The witnesses must comply with the following:

a witness shall be a competent adult who is not the agent, and at least one (1) of the witnesses is not related to the principal by blood, marriage, or adoption and would not be entitled to any portion of the estate of the principal upon the death of the principal under any will or codicil made by the principal existing at the time of execution of the advance directive or by operation of law.

They must also certify that they have complied with this requirement.

Because there is less room for error and question, we recommend using a notary when available. If you choose a notary, he/she will complete the entire section for Option 1. You should not write anything in that section. You should not sign the document until directed to do so by the notary. You can fill in your printed name prior to signing.

If you choose two witnesses, you should leave Option 1 blank or line through it. You should not sign the document until both witnesses are present. Be sure that all information about your witnesses is filled out.

Revocation

Arkansas law allows you to revoke all or part of your advance directive at any time in any manner that communicates an intent to revoke, as long as you have capacity at that time. If you execute another psychiatric advanced directive at a later date that conflicts with an earlier advance directive, it revokes the earlier advance directive to the extent of the conflict.