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How to Complete Your Utah Advance Mental Health Care Directive

Advance Mental Health Care Directive (Utah Code 75A-9-108)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Utah's Uniform Health Care Decisions Act lets you give advance instructions about **mental health care** and name an agent to make those decisions during a crisis.

1. **Write your preferences (Pages 1–2)**
   Describe medications, facilities, treatments, and your crisis plan. You may name an agent.
2. **Sign with a witness (Page 2)**
   If you name an agent, Utah requires one qualified adult witness. We recommend also notarizing it, and can provide a witness for an additional fee.

After It's Signed

- Give copies to your agent, doctors, and mental health providers so it becomes part of your records.

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Need legal advice about this Utah document? Gavrilov & Brooks Law Firm has a Utah-licensed attorney, with attorneys licensed in other states as well. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

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ADVANCE MENTAL HEALTH CARE DIRECTIVE

(Utah Uniform Health Care Decisions Act, Utah Code 75A-9-108)

Full legal name | Date of birth

Address

I make this advance mental health care directive to guide my mental health care if I am unable to make or communicate decisions for myself.

1. Agent for mental health care (optional):

Name | Address | Telephone

Alternate (optional) | Address | Telephone

2. Medications I consent to, do not consent to, and why:

3. Facilities, providers, and admission (preferences, and whether my agent may admit me as a voluntary patient, and for how many days):

4. Other treatment (electroconvulsive therapy, other treatments, and what my agent may not consent to):

Initials: _____

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5. Crisis plan and other instructions (people to notify, care of children or pets, what helps in a crisis):

6. Effect. This directive is part of my advance health care directive under Utah law. I may revoke it while I have capacity. A copy is as valid as the original.

X _____

Signature

Date

WITNESS. You need a witness if you are naming an agent. The witness must be an adult and cannot be the person you are naming as Agent or the Agent's spouse or someone the Agent lives with as a couple. If you live or are receiving care in a nursing home, the witness cannot be an employee or contractor of the home or someone who owns or runs the home.

Name of witness

Date

X _____

Signature of witness

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OPTIONAL NOTARY ACKNOWLEDGMENT (recommended)

STATE OF UTAH)
COUNTY OF) ss.

On this day _____ of (month and year) _____

before me, the undersigned notary public, personally appeared

_____
name of the declarant

proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged that he/she/they executed the same. Witness my hand and official seal.

X _____
Notary Public

(Notary seal)

_____
Notary's printed name

_____ _____
Commission number My commission expires

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