

**DECLARATION FOR MENTAL HEALTH
TREATMENT
ACKNOWLEDGMENT FORM** - REV. 4-00

- I hereby acknowledge that I have received a copy of "A Guide to Oregon's Declaration for Mental Health Treatment."

- I have completed a Declaration of Mental Health Treatment. I understand that I must provide a copy of this completed form to my:
 - 1) Doctor, Provider or Facility from which I expect to need treatment;

 - 2) My Attorney-in-fact (if I have elected one)

- I have not completed a Declaration of Mental Health Treatment at this time, but I do understand that I may elect to complete one at any time.

Client Printed/typed Name

Client Signature

Date