



Consumer Name _____

Identifier _____

Right to Name a Treatment Advocate

(To be used for clients 18 and older only)

All adult mental health consumers being served by a licensed mental health professional have the right to designate a family member or other concerned individual as a Treatment Advocate. The choice to name an advocate is the consumer's alone. In the event an advocate is chosen, the level of involvement of the advocate is to be determined by the consumer and no limitation may be imposed on a consumer's right to communicate by phone, mail or visitation with the established Treatment Advocate. The Treatment Advocate may participate in the treatment planning and discharge planning of the person being served to the extent consented to by the consumer and permitted by law.

Would you like to name a Treatment Advocate? Yes No

Please list the name and phone number of the person you wish to choose as a Treatment Advocate:

Name: Phone (Include area code):

Please indicate the level of involvement the identified Treatment Advocate shall have:

- Should the advocate be present during intake?
- Would you like the advocate to help you with the treatment planning?
- Do you want the written treatment plan information provided to the advocate?
- Should we notify the advocate only if there are changes to the treatment plan?
- Would you like the advocate to be present at all of your sessions?
- Other:

Signature of Consumer

Date

For the Treatment Advocate:

I intend to serve as Treatment Advocate for the above named consumer. I have received a copy of the The Roberts Group Counseling confidentiality standards and I agree to serve according to the consumer's specifications and comply with all standards of confidentiality.

Signature of Treatment Advocate

Date

The consumer may revoke the designation of a treatment advocate at any time and for any reason.

Witness Signature

Date