

Psychiatric Advanced Directive

A **Psychiatric Advance Directive** allows an individual to specify instructions about his or her mental health care treatment and/or appoint a representative who may make decisions about treatment in the event of a mental health crisis. The Psychiatric Advance Directive form and registration form (to register the directive with the state) may be downloaded, printed, filled out and mailed to the New Jersey Division of Mental Health and Addiction Services so that they may be accessed in case of an emergency. Please note that there are two versions of the form. One version is for those who prefer to type their Advance Directives. It is important to carefully review and follow the instructions. There is also a downloadable wallet card that may be shown to indicate that an individual has a Psychiatric Advance Directive registered with the state and how to attain a copy.

If you chose to register your Advance Directive, print out and complete the registration form below and send a copy of your Psychiatric Advance Directive to DMHAS- PAD REGISTRY, PO BOX 700, Trenton, NJ 08625-0700

In order to fill out a Psychiatric Advance Directive please go to:

<http://www.state.nj.us/humanservices/dmhas/resources/mental/pad/>

The phone number for the Division of Mental Health and Addiction Services is (800)- 328- 6717