ACT Mental Health Consumer Network

My Rights, My Decisions Form Kit: Step-by-Step Checklist

This checklist is here to help you keep track of your progress as you work through the **'My Rights, My Decisions' Form Kit**.

TIP: You can complete the forms all at once or one at a time—whatever works best for you.



Getting Started

- ☐ I've completed **Appendix B** of the Workbook and thought about what's important to me in my treatment, care, and support
- ☐ I have a copy of the **'My Rights, My Decisions' Form Kit**
- ☐ I know who can support me to complete the forms (e.g. a support worker, advocate, or friend)
- ☐ I have a **GP or psychiatrist** who can help complete the forms and upload them to my Digital Health Record

Note: **Appendix B** of the **My Rights, My Decisions Participant Workbook** includes helpful questions to guide you in preparing your Nominated Persons, Advance Agreement and Advance Consent Direction forms.

Nominated Person

- ☐ I've chosen someone I trust to be my **Nominated Person**
- ☐ I've spoken to them and they've agreed to take on the role
- ☐ We've completed and signed the **Nominated Person** section of the Form Kit
- ☐ I've given the form to my GP/psychiatrist to upload to my Digital Health Record
- ☐ My GP/psychiatrist has confirmed it's been uploaded
- ☐ I've shared a copy with my Nominated Person and anyone else I want to keep informed

Visit actmhcn.org.au/my-rights-my-decisions or use the QR code to download a copy of the Form Kit.

ACT Mental Health Consumer Network

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Advance Agreement

- ☐ I've used **Appendix B** to help identify my preferences
- ☐ I've drafted the **Advance Agreement** section of the Form Kit
- ☐ I've booked a **long appointment** with my GP/psychiatrist to complete and sign the form
- ☐ I've invited my Nominated Person to attend the appointment
- ☐ If needed, I've arranged for someone else to support me (e.g. interpreter, advocate)
- ☐ My GP/psychiatrist, my Nominated Person, and I have signed the form
- ☐ The form has been submitted to my GP/psychiatrist for upload
- ☐ My GP/psychiatrist has uploaded it to their clinical record and sent it to be added to my Digital Health Record
- ☐ I've shared a copy with my Nominated Person and others I want to keep informed



Advance Consent Direction

- ☐ I've used **Appendix B** to help identify my treatment preferences
- ☐ I've drafted the **Advance Consent Direction** section of the Form Kit
- ☐ I've booked a **long appointment** with my GP/psychiatrist to complete and sign the form
- ☐ I've discussed treatment options with my GP/psychiatrist
- ☐ The form has been signed by:
  - ❍ Me
  - ❍ My GP/psychiatrist
  - ❍ **1 witness** (if I did *not* consent to ECT) or **2 witnesses** (if I *did* consent to ECT)
- ☐ The form has been submitted to my GP/psychiatrist for upload
- ☐ My GP/psychiatrist has uploaded it to their clinical record and sent it to be added to my Digital Health Record
- ☐ I've shared a copy with my Nominated Person and others I want to keep informed

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