

# Advance Statement of Preferences revocation form

Use this form to revoke (cancel) an Advance Statement of Preferences

## Help with this form

Your treating team must help you understand this form.

You can get help to fill out this form from a mental health and wellbeing service provider, family member, friend, or advocate.

For help in your language contact the Translating and Interpreting Service on 131 450.

First Nations people can get help from:

- Aboriginal Liaison Officers
- Aboriginal Community Controlled Services

You can contact Independent Mental Health Advocacy (IMHA) for help with this form.

- Call 1300 947 820, 9.30am to 4.30pm, seven days a week
- Email [IMHAcontact@imha.vic.gov.au](mailto:IMHAcontact@imha.vic.gov.au)
- Visit our website [www.imha.vic.gov.au](http://www.imha.vic.gov.au)

You don't have to use this form and can create your own, but you must include certain details. To find out more, visit the IMHA website [www.imha.vic.gov.au](http://www.imha.vic.gov.au) and look at the:

- IMHA Advance Statement of Preferences video.
- IMHA Guide to Advance Statement of Preferences document.

You can contact the Mental Health Legal Service for help with your statement on **9629 4422** or visit their website [www.mhlc.org.au/advance-statements/](http://www.mhlc.org.au/advance-statements/)



## What is an Advance Statement of Preferences?

You have the right to make an Advance Statement of Preferences under the *Mental Health and Wellbeing Act 2022*.

This is a document you can make that explains what you want to happen if you receive compulsory assessment or treatment. It can include what kinds of treatment, support or care you want. You can make one at any time, even if you are in hospital.

The mental health and wellbeing service provider must make all reasonable (fair and sensible) efforts to do what's in your statement, but they are not legally bound to do so. If you have a treatment preference included in your statement, the mental health and wellbeing service provider can only require you to have a different treatment if they:

- think what you want isn't clinically appropriate, or

- can't provide what you want after they've taken all reasonable (fair and sensible) steps to try to provide it.

If they don't follow your preferences about treatment, they must tell you why in writing within 10 business days.

If you have made an Advance Statement of Preferences, it can't be amended. It will stay effective unless you want to cancel it. To do this you can:

- Use this form to cancel your statement.
- Make a new statement and this will automatically cancel your current statement.

You can cancel your Advance Statement of Preferences at any time, even if you are in hospital.

## About this form

- This form must be witnessed by an adult (18 years of age or over), which means that they must watch you sign the form. This can be anyone you choose, including friends, family members or support workers. A statement by the witness must also be included. See the witness declaration at the end of this form.
- When you fill in the form, give it to your mental health and wellbeing service provider. They will put a copy in your clinical file and record it in the hospital's electronic information system.
- You will need to keep a copy of the form for yourself in case you go to a different hospital or service. You can ask your mental health and wellbeing service provider to make copies for you. You can give a copy to your carer, support person, or nominated support person.

To receive this document in another format email [mhwa@health.vic.gov.au](mailto:mhwa@health.vic.gov.au)

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Available at [Advance statement of preferences](https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/advance-statements-of) <<https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/advance-statements-of>>



ASP2

**Mental Health and Wellbeing Act 2022**

**Sections 59**

**ASP 2**

**Revocation of Advance Statement  
of Preferences**

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Mental Health Statewide UR Number

Place patient identification label above  
FOR OFFICE USE

## Advance Statement of Preferences revocation

Your name:		Date:	
Date of Birth:		Phone:	

### Your signature

I made an Advance Statement of Preferences on (date if known): \_\_\_\_\_

It no longer represents my preferences if I am given compulsory assessment or treatment under the *Mental Health and Wellbeing Act 2022*.

I revoke (cancel) that Advance Statement of Preferences. I understand this means my treating team won't use the preferences I included in my statement to inform my treatment, care and support.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Witness declaration

- Only an adult can be a witness, meaning they must be 18 years of age or over.
- The witness must:
  - watch you sign the form; and
  - agree with the following declaration and sign it.
- The witness doesn't need to agree with your choice to revoke (cancel) your Advance Statement of Preferences.

*In my opinion, the person revoking this Advance Statement of Preferences understands both what it is and the consequences of revoking (cancelling) the statement, including that it will no longer be in effect. I have witnessed the above-named person signing this revocation form. In my opinion, they appear to have revoked (cancelled) their Advance Statement of Preferences of their own free will.*

**Witness Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Witness Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_