

Letter of Protection from Psychiatric Incarceration and/or Treatment

The following declaration should be signed and, where possible witnessed, in addition to a notarized public, by a trusted family member and/or confidante. Make several copies of the document with each copy notarized. Give one copy to each of the person(s) named below; make sure one of these is an attorney. Always keep a copy of this document with you in case there is an attempt to involuntarily or compulsorily hospitalize and/or treat you. Should you be in a position where you are to be subject to unwanted psychiatric hospitalization and/or mental or medical treatment, ensure that the person(s) attempting such are shown and are aware of this signed and notarized declaration. Immediately let your attorney and all other persons in your confidence know so that they may come to your aid. During any attempt at compulsory hospitalization or treatment by another, repeatedly declare your desire for a clarification of your condition of physical health. Explain that you wish to have this declaration abided by. However, do not render resistance or become aggressive. Demand to see your attorney.

A copy of your signed Declaration should also be sent to the local and/or International branch of the Citizens Commission on Human Rights (CCHR). The international address is:

CCHR International, 6616 Sunset Blvd., Los Angeles, California, 90028 USA.

The local address for those living in the Midwest is:

CCHR St. Louis, P.O. Box 300256, St. Louis, Missouri 63130-9256.

Declaration of Intention

I, _____, born on _____

in _____ (City, State/Province)

being of sound mind, willfully and voluntarily make known my desire that should it be so considered or decided that I be subject to involuntary incarceration or hospitalization (also known as committal and certification) in a psychiatric hospital, ward, facility, home or nursing home, and/or that I be subject to psychiatric procedures including, but not limited to, any form of psychosurgical neurological operation such as lobotomy or leucotomy, electro-convulsive treatment (also known as electroshock or shock treatment or ECT), psychotropic drugs (including benzodiazepines, major tranquilizers, antidepressants, barbiturates or neuroleptics generally), deep sleep treatment (narcosis, narcosynthesis, sleep therapy, prolonged narcosis, modified narcosis or neuroleptization), sterilization, insulin shock or any other physically based psychiatric or psychological treatment or practice, I direct that such incarceration, hospitalization, treatment or procedures not be imposed, committed or used on me.

I refuse contact with and treatment by any psychiatrist, psychologist or other mental health practitioner as these practices, according to my philosophic and/or religious convictions, do not adequately or properly diagnose and such diagnoses can constitute a false accusation about my behavior and/or beliefs and practices, and are stigmatizing and therefore a threat to one's reputation and physical and mental well-being. Any of their treatments, given against my express wish, are an intrusion upon and thus an assault on my body and constitute, in my view, criminal assault. Any involuntary hospitalization or commitment is a violation of my right to liberty and would therefore constitute a false imprisonment by all those advocating and authorizing such action, against my consent and wishes. If in the future, I am accused of a crime, then I direct that I be subject to due process accorded to the criminally accused and not subjected to psychiatric or psychological assessment, processing, profile, confinement or treatments.

Name

Among other situations, the above directions and positions apply in any case where my capacity or ability to give instructions may be or may be claimed to be impaired, or should I be in a state of unconsciousness, or should my communication in an actual and/or legal sense be impossible, or where any psychiatrist, psychologist, mental health practitioner, or law enforcement official or person asserts that the matter is a "life-saving" situation requiring emergency intervention and/or treatment under any involuntary commitment law or similar legal authority.

In the absence of my ability to give further directions regarding the above, it is my intention that this declaration be honored by my family and physician(s) as an expression of my legal right to refuse medical, psychological, psychiatric or surgical treatment.

The attorneys mentioned below are appointed and authorized to institute appropriate proceedings on my behalf should the above declaration be violated and they have my permission herewith to proceed with whatever criminal and/or civil procedures necessary to rectify such a violation.

I hereby authorize the following person(s) with the enforcement of this declaration of intention:

All medical doctors and their organizations as well as therapists are expressly released from their professional discretion or confidentially towards the provision of information to the above named attorney(s).

The declaration is also binding for my lawful agents, guardians, family, executors or any person with the legal or other right to take care of me or my affairs.

Signed

Date

Address

Signature of Notary/Justice of the
Peace/attorney, etc.

Name of same

Before me on this date (date notary
witnessed the signature)

at (place where signature is witnessed and
notarized)