Sample Supported Decision-Making Agreement (open-ended)

This is an example supported decision-making template. It is recommended that any person interested in using supported decision-making consult with a lawyer before entering into a legally binding agreement. ***A person may engage in supported decision-making without the use of any particular document.***

Supported Decision-Making Agreement

MO Rev Stat § 475.075 (13) (4)

This document IS ___________ / IS NOT _____________ legally binding. ***Only a person with the legal right and capacity to contract can make a legally binding agreement.***

I, ________________________, make this supported decision-making agreement for the purpose of appointing people to help me make decisions. I am entering into this agreement voluntarily. I may revoke this agreement at any time. The supporters identified DO NOT make decisions for me, but rather provide information, advice, and other assistance so I can make decisions for myself.

Name of Person Entering into this Agreement: ___________________________________

Missouri Protection & Advocacy Services

A Public Interest Law Firm Since 1977

1. Health Care

I DO ___________ / DO NOT ______________ want help with health care. Here is a list of people I want to help me with making health care decisions:

Name	Relationship	Home Address	Email	Phone number

I allow these supporters to help me make decisions concerning my physical and mental health. These people do not make decisions for me - they merely help me make decisions myself.

Here is a list of permissions I grant to the above listed supporters:

I DO NOT give permission for these people to do the following:

2. Financial Decision-Making

I DO ___________ / DO NOT ______________ want help with financial decision-making. Here is a list of people I want to help me with making financial decisions:

Name	Relationship	Home Address	Email	Phone number

I allow these supporters to help me make decisions concerning my finances. These people do not make decisions for me - they merely help me make decisions myself.

Here is a list of permissions I grant to the above listed supporters:

I DO NOT give permission for these people to do the following:

3. <u>Where I Live and Community Living</u>

I DO ___________ / DO NOT ______________ want help with decisions about where I live and community living. Here is a list of people I want to help me with making decisions about where I live and community living:

Name	Relationship	Home Address	Email	Phone number

I allow these supporters to help me make decisions about where I live and community living. These people <u>do not</u> make decisions for me - they merely help me make decisions myself.

Here is a list of permissions I grant to the above listed supporters:

I DO NOT give permission for these people to do the following:

4. <u>Education</u>

I DO ___________ / DO NOT ______________ want help with educational decision-making.
Here is a list of people I want to help me with making educational decisions:

Name	Relationship	Home Address	Email	Phone number

I allow these supporters to help me make decisions concerning my education. These people <u>do not</u> make decisions for me - they merely help me make decisions myself.

Here is a list of permissions I grant to the above listed supporters:

I DO NOT give permission for these people to do the following:

5. Employment

I DO ___________ / DO NOT ______________ want help with decisions about my employment. Here is a list of people I want to help me with making employment decisions:

Name	Relationship	Home Address	Email	Phone number

I allow these supporters to help me make decisions concerning my employment. These people do not make decisions for me - they merely help me make decisions myself.

Here is a list of permissions I grant to the above listed supporters:

I DO NOT give permission for these people to do the following:

6. Other

I DO ___________ / DO NOT ______________ want help with decision-making in other areas.
Here is a list of people I want to help me with making these decisions:

Name	Relationship	Home Address	Email	Phone number

I allow these supporters to help me make certain decisions. These people do not make decisions for me - they merely help me make decisions myself.

Here is a list of permissions I grant to the above listed supporters:

I DO NOT give permission for these people to do the following:

This agreement starts when signed and will continue until I revoke the agreement. Any supporter may end their role in the agreement by notifying me in writing. In the event that a supporter ends their role in the agreement, the remainder of the agreement remains in force.

Signed this _____________ (day) of _____________________ (month), _____________ (year).

______________________________	______________________________
Signature of Person Entering This Agreement	Printed Name of Person Entering This Agreement

I consent to act as a Supporter under this agreement:

______________________________	______________________________
Signature of Supporter 1	Printed Name of Supporter

I consent to act as a Supporter under this agreement:

______________________________	______________________________
Signature of Supporter 2	Printed Name of Supporter

I consent to act as a Supporter under this agreement:

______________________________	______________________________
Signature of Supporter 3	Printed Name of Supporter

I consent to act as a Supporter under this agreement:

______________________________	______________________________
Signature of Supporter 4	Printed Name of Supporter

I consent to act as a Supporter under this agreement:

______________________________	______________________________
Signature of Supporter 5	Printed Name of Supporter

Authorization Under HIPAA to Disclose Protected Health Information

TO WHOM IT MAY CONCERN:

This Authorization is made pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, including 45 C.F.R. § 164.508.

I, ____________________________, hereby authorize all "covered entities" as defined in HIPAA, including but not limited to any hospitals or other health service operations, doctors (whether medical, osteopathic, podiatric or chiropractic), psychiatrists, psychologists, therapists, nurses, clinics, pharmacies, laboratories, assisted living facilities, residential care facilities, nursing homes medical insurance company or any other health care provider or affiliate), to freely release all of my medical records to any or all of the following named persons (my "Agents"):

____________________________________	____________________________________
Printed Name of Supporter	Address
____________________________________	____________________________________
Printed Name of Supporter	Address
____________________________________	____________________________________
Printed Name of Supporter	Address
____________________________________	____________________________________
Printed Name of Supporter	Address
____________________________________	____________________________________
Printed Name of Supporter	Address

My Agent may, at my Agent's discretion, direct that any of my medical records be released directly to a third party, including any licensed physician.

The purpose of this Authorization is to allow my Agents to obtain any and all medical records in order to assist me in supported decision-making concerning my health care.

I understand this authorization may be revoked in writing at any time except to the extent already acted upon. To revoke this authorization I must send a revocation in writing to:

______________________, attorney at law, at address ___________________________________.
This authorization will expire six months after my death.

I understand that my medical records disclosed pursuant to this authorization may be redisclosed by the recipient and may no longer be protected by the privacy regulations.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signed this ____________ (day) of ___________________ (month), ____________ (year).

_____________________________________ _____________________________________

Signature Printed Name

Authorization Under FERPA to Disclose Educational Records

To the following institution and records provider:

____

This Authorization is made pursuant to the Family Educational Rights and Privacy Act (FERPA) and its regulations.

Please provide information from the educational records of the following individual:

____

Student

Please provide the information to the following person or people:

____

Person(s) and Relationship to Student

____

Person(s) and Relationship to Student

I authorize release of all records. This information is released for the purpose of receiving support with my educational decisions, as specified in my Supported Decision-Making Agreement for Education.

I understand this authorization may be revoked in writing at any time except to the extent already acted upon. I may provide written notice to the institution/records provider listed above in order to revoke this authorization.

I understand that my records disclosed pursuant to this authorization may be redisclosed by the recipient and may no longer be protected by the privacy regulations.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signed this ____________ (day) of ____________________ (month), ____________ (year).

________________________________ ________________________________

Signature Printed Name