

REVOCATION OF ADVANCE INSTRUCTION
FOR MENTAL HEALTH TREATMENT

(North Carolina General Statutes § 122C-74)

I, _____, Declarant,
having executed an Advance Instruction for Mental Health Treatment on the _____ day of _____, 20____, regarding my decisions and choices concerning my mental health care and treatment. Pursuant to North Carolina General Statutes § 122C-74, I hereby revoke that Advance Instruction for Mental Health Treatment.

This is my written revocation of my Advance Instruction for Mental Health Treatment and is provided to all persons to whom I have provided a copy of my Advance Instruction.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____