

**REVOCATION OF
DECLARATION FOR MENTAL HEALTH TREATMENT**

I, _____,
Declarant, executed a Declaration for Mental Health Treatment on the _____ day of
_____, 20____, stating my desires and wishes regarding various aspects
of my mental health care and treatment.

Oregon Revised Statutes 127.722 provides that a Declaration for Mental Health Treatment may
be revoked in whole or in part at any time by the principal if the principal is not incapable. A
revocation is effective when a capable principal communicates the revocation to the attending
physician or other provider.

I hereby revoke that Declaration for Mental Health Treatment.

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

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____