



Let's talk about

# Authority to Act as an Advocate

Easy Read English



## Authority to Act as an Advocate

The following information has been explained to me (circle yes or no):

### 1. My right to an advocate

<b>Yes</b>	<b>No</b>	I KNOW I CAN HAVE AN ADVOCATE TO SUPPORT ME AND BE MY VOICE
<b>Yes</b>	<b>No</b>	I HAVE CHOSEN A PERSON I TRUST TO BE MY ADVOCATE
<b>Yes</b>	<b>No</b>	I HAVE TOLD MY TRUSTED PERSON I WANT THEM TO BE MY ADVOCATE
<b>Yes</b>	<b>No</b>	MY TRUSTED PERSON HAS AGREED TO BE MY ADVOCATE

## Authority to Act as an Advocate

<b>Yes</b>	<b>No</b>	I UNDERSTAND MY PROVIDER IS NOT RESPONSIBLE FOR MY ADVOCATE'S ACTIONS
<b>Yes</b>	<b>No</b>	MY ADVOCATE CAN ACCESS MY PERSONAL INFORMATION
<b>Yes</b>	<b>No</b>	MY ADVOCATE'S AUTHORITY STARTS TODAY
<b>Yes</b>	<b>No</b>	I KNOW I CAN CHANGE MY ADVOCATE AT ANY TIME
<b>Yes</b>	<b>No</b>	I KNOW HOW TO TELL MY PROVIDER I WANT TO CHANGE MY ADVOCATE
<b>Agreement</b>		
<b>Yes</b>	<b>No</b>	I AGREE THAT THE INFORMATION IN THIS FORM HAS BEEN EXPLAINED TO ME BY A STAFF MEMBER
<b>Yes</b>	<b>No</b>	MY ADVOCATE'S NAME IS WRITTEN BELOW

## Authority to Act as an Advocate

<b>Advocate name:</b>	
<b>Relationship to participant:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Mobile:</b>	
<b>Emergency number:</b>	

<b>Participant name</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Staff name:</b>	
<b>Role</b>	
<b>Signature:</b>	
<b>Date:</b>	