

NOTICE OF INVOLUNTARY REFERRAL FOR MENTAL HEALTH EVALUATION

DATE:

(USFK REG 40-216)

FROM: Commander

FOR:

PURPOSE: DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," requires a commander to consult with a mental healthcare provider before referring a service member for a mental health evaluation. The Directive also requires a commander to provide the service member written notice of the mental health referral and written notice of important rights. This form provides the required notifications.

SECTION I - TO BE COMPLETED BY THE COMMANDER AND SERVICE MEMBER

1. You are directed to report to the Mental Health Clinic, located at _____
_____ for
a mental health evaluation.

2. The following is a brief factual description of the behavior and/or verbal expressions which led me to determine a mental health evaluation is necessary:

3. The name(s) of the mental health professionals with whom I have consulted before making this referral is/are as follows (a mental health care professional is defined as a psychiatrist or clinical psychologist, a person with a doctorate in a clinical social work, or a psychiatric clinical nurse specialist with appropriate credentials who is properly privileged to conduct mental health evaluations for DoD activities):

4. The positions and telephone numbers of authorities who can assist you are (Commanders **shall** provide the proper phone numbers):

Defense Attorney: _____ Inspector General: _____

Chaplain: _____ Mental Health Clinic: _____

5. You will be provided with a copy of this referral which includes the rights to which you are entitled.

6. In accordance with DoD Directive 6490.1, dated 1 October 1997, other than in an emergency, **you have the following rights:** (Commanders should read these rights to the service member. The service member should initial each block.)

a. _____ Upon your request and at no cost to you, an attorney who is a member of the Armed Forces or employed by the DoD, and who is designated to provide advice under this section, shall advise you of the ways in which you may seek redress. You may also seek the assistance of a civilian attorney at no cost to the government.

b. _____ If you allege to an Inspector General (IG) that you were referred for a mental health evaluation in violation of this Directive or implementing Directives, the DoD IG, shall conduct or oversee an investigation of the allegation.

c. _____ You have the right to be evaluated by a mental health professional of your own choosing, if reasonably available. Any such evaluation, including an evaluation by a mental health professional who is not an employee of the DoD, shall be conducted within a reasonable period of time after you are referred for an evaluation and shall be at your own expense.

d. _____ No person may restrict you in communicating with an IG, attorney, Member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful, such as a threat.

e. _____ In situations other than emergencies, you shall have at least two (2) business days before a scheduled mental health evaluation to meet with an attorney, IG, Chaplain, and/or other appropriate party. If I believe your condition requires that a mental health evaluation occur sooner, I shall state the reasons in writing as part of the request for consultation. Such statement **[is] [is not]** attached.

f. _____ If you are aboard a navel vessel or in circumstances related to your military duties that make compliance with any of the procedures above impractical, I shall prepare a memorandum stating the reasons for the inability to comply with such procedures. Such memorandum **[is] [is not]** attached.

7. _____ You acknowledge notification of the above stated rights and receipt of a copy of this form by signing below.

SECTION II - TO BE COMPLETED BY THE SERVICE MEMBER

1. _____ I **[do] [do not]** request **[military counsel of my own choice] [civilian counsel at my own expense]**. **[I request to receive consultation from _____, if reasonably available.]**

2. _____ I **[do] [do not]** request to be evaluated by a mental health professional of my own choice. **[I request to be evaluated by _____, if reasonably available.]**

ADDITIONAL COMMENTS BY COMMANDER OR SERVICE MEMBER
(MUST INCLUDE TYPE OF CHAPTER OR SCHOOL EVALUATION NEEDED)

SIGNATURE OF COMMANDER AND DATE:

SIGNATURE OF SERVICE MEMBER AND DATE