

# SUPPORTED DECISION-MAKING AGREEMENT

## Appointment of Supporter

I, \_\_\_\_\_ (*name of supported adult*), make this agreement of my own free will.

I agree and designate that:

Name: \_\_\_\_\_ (*name of supporter*)

Address: \_\_\_\_\_ (*address of supporter*)

Phone number: \_\_\_\_\_ (*phone number of supporter*)

Email address: \_\_\_\_\_ (*email address of supporter*)

is my supporter.

My supporter may help me with making everyday life decisions relating to the following:

(Y/N) Obtaining food, clothing, and shelter.

(Y/N) Taking care of my health.

(Y/N) Managing my financial affairs.

(Y/N) Other matters: (*specify*).

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My supporter is not allowed to make decisions for me. To help me with my decisions, my supporter may:

1. Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, financial, educational, or treatment records;
2. Help me understand my options so I can make an informed decision; and
3. Help me communicate my decision to appropriate persons.

(Y/N) A release allowing my supporter to see protected health information under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, is attached.

(Y/N) A release allowing my supporter to see educational records under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Sec. 1232g, is attached.

Effective Date of Supported Decision-Making Agreement: This supported decision-making agreement is effective immediately and will continue until \_\_\_\_\_ (*insert date*) or until the agreement is terminated by my supporter or me or by operation of law.

Signed this \_\_\_\_ (*day*) day of \_\_\_\_\_ (*month*), \_\_\_\_\_ (*year*)

**Consent of Supporter**

I, \_\_\_\_\_ (*name of supporter*), acknowledge my responsibilities and consent to act as a supporter under this agreement.

\_\_\_\_\_  
(*Signature of supporter*)

\_\_\_\_\_  
(*Printed name of supporter*)

Supporter

\_\_\_\_\_  
(*Signature of supported adult*)

\_\_\_\_\_  
(*Printed name of supported adult*)

Supported adult

\_\_\_\_\_  
(*Signature of witness #1*)

\_\_\_\_\_  
(*Printed name of witness #1*)

Witness

\_\_\_\_\_  
(*Signature of witness #2*)

\_\_\_\_\_  
(*Printed name of witness #2*)

Witness

**Notarization**

State of Washington

County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

NOTARY PUBLIC for the State of Washington.

My commission expires \_\_\_\_\_.