

**SAMPLE MANDATE FOR INDEPENDENT ADVOCATES SUPPORTING PEOPLE  
AFFECTED BY THE MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND)  
ACT 2003**

Insert and delete where necessary.

DATE:

To whom it may concern

I, PERSON'S NAME

Of, ADDRESS

Do hereby acknowledge that ADVOCATE'S NAME (or any other advocate)

Of ADVOCACY ORGANISATION

ADDRESS

TELEPHONE NUMBER

is my independent advocate under Section 259, Mental Health (Care and Treatment) (Scotland) Act 2003 for the purpose of supporting me with any healthcare issues. I consent to the release to my independent advocate of any medical or personal information held by (NHS BOARD/ LOCAL AUTHORITY) in so far as this is relevant to my independent advocate's enquiry.

I agree that no liability shall attach to (NHS BOARD or LOCAL AUTHORITY) in respect of any information so released.

I wish my advocate to be informed of and to attend meetings with me. If I am unable, for any reason, to attend a meeting I wish my advocate to attend on my behalf. I also wish my advocate to be informed of any actions taken in respect of me under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Please note I also wish my advocate to represent me, if necessary, at any Mental Health Tribunals.

Yours faithfully