

ADOPTION SECTION

**HUMAN SERVICES**

**DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

**Notice of Administrative Correction**

**Advance Directives for Mental Health Care**

**N.J.A.C. 10:32 Appendix B**

**Take notice** that the Division of Mental Health and Addiction Services (Division) has found an error in the text of N.J.A.C. 10:32 Appendix B. The Division adopted an amendment to Appendix B, effective January 5, 2015, to update the name and address of the Division. See 46 N.J.R. 1524(a); 47 N.J.R. 107(a). The Division inadvertently included the wrong zip code as part of this address change, “08620-0700,” rather than “08625-0700.” This notice of administrative correction is published pursuant to N.J.A.C. 1:30-2.7.

**Full text** of the changed rule follows (addition indicated in boldface **thus**; deletion indicated in brackets [thus]):

APPENDIX B

Registration

I hereby submit my mental health advance directive to the Division of Mental Health and Addiction Services in the New Jersey Department of Human Services to be registered. I choose the following password that will permit access for me and anyone with whom I share it.

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I further understand that a licensed health care provider who is providing me with mental health care may be able to access my directive if needed. No other person will be permitted to see the directive (except as required for administration of the registry) without my permission.

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Signature

Print Name: \_\_\_\_\_, contact information for confirmation:

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Dated: \_\_\_\_\_

Send original NJDMHAS Registry, 222 S. Warren Street, PO Box 700, Trenton, NJ [08620-0700] **08625-0700** and attach a copy of your entire mental health care advance directive. You may also submit other documents to be registered that affect your legal ability to consent, such as a health care advance directive, durable power of attorney, temporary or limited guardianship orders, etc., which the registry will accept in its discretion.