

# MindFreedom Shield Registration Form

The application can be completed online, or you can fill this form out and send it to :

MindFreedom International

454 Willamette, Suite 216

Eurgene, OR 97440-3484

## I hereby declare and direct that, unless specifically agreed to by me, I refuse to be forced to undergo any psychiatric procedure(s) including:

1. the administration of psychotropic drugs;
2. the administration of any other drugs used for psychiatric purposes;
3. the administration of electroconvulsive therapy (ECT or "electroshock");
4. the administration of any form of psychosurgery;
5. the administration of any brain altering technology for a psychiatric purpose including (but not limited to) vagus nerve stimulation and repetitive transcranial magnetic stimulation (rTMS);
6. the administration of any type of implant or stimulus device(s) used for a psychiatric purpose;
7. the administration of any restraint device or solitary confinement;
8. the administration of any aversive therapy or behavior modification;
9. detention in a psychiatric facility or any other facility for a psychiatric reason, or
10. any combination thereof.

## Unwanted Psychiatric Intervention

Should I be threatened with or subjected to any *Unwanted Psychiatric Intervention*, I may request that the MindFreedom Shield Program issue a Human Rights Alert on my behalf.

I understand and desire that such an alert may be made public and understand it may contain personal information, including (but not necessarily limited to) my name, location, psychiatric diagnosis(es) with which I have been labeled, the *Unwanted Psychiatric Intervention* to which I may be or am being subjected, where/how such procedure(s) may be/are taking place and who is threatening or administering these procedure(s).

### Name \*

First

Last

### Address \*

City

State / Province / Region

### Should we make your Shield registration information as listed ABOVE public? Please check one: \*

I DO want my Name, City, State/Province and Country as listed above in the MindFreedom Shield Public Registry.

I do NOT want my Name, City, State/Province and Country as listed above in the MindFreedom Shield Public Registry.

### Private Registration Information

Whatever you checked above, the BELOW information you provide MindFreedom will remain PRIVATE unless you ask us to release it in the future.

### Your Email Address \*

### Date of Birth \*

### Home Phone

### Mobile Phone

### Work Phone

### Do you have an advance directive already completed? It is okay if you do or if you do not, but it would be helpful to know. Please check one: (optional)

I DO have advance directive documents completed relating to health care

I do NOT have advance directive documents completed relating to health care

For more information about advanced directives, visit the [Bazon Center](#)

### Contact Person (optional)

First

Last

### Contact Person's Email

### Contact Person's Home Phone

### Contact Person's Mobile Phone

### Contact Person's Work Phone

**Any Additional Comments/Specific Instructions for MFI Shield Committee:**

**By signing below for the MindFreedom Shield Registration Form, I acknowledge and agree that (please check ALL fields):**

- I have read, voluntarily completed and understand all of the contents of this MindFreedom Shield Registration Form.
- I agree to take responsibility to notify MindFreedom in writing if any information related to this MindFreedom Shield changes.
- This MindFreedom Shield will remain in effect until revoked in writing by me or until MindFreedom, at its discretion, alters or ends the MindFreedom Shield Program.  
I further understand MindFreedom reserves the right to decide at its discretion whether or not to issue a Human Rights Alert, which may include notifying the media; that MindFreedom generally  
 words Human Rights Alerts as allegations made by an individual against licensed professionals or facilities; that MindFreedom cannot guarantee results once an alert has been issued and that I may be subjected to Unwanted Psychiatric Intervention, including retaliation, even after this MindFreedom Shield is registered or after a Human Rights Alert has been issued on my behalf.
- I further understand that when notified about an Unwanted Psychiatric Intervention the MindFreedom Shield may issue only one (1) Human Rights Alert and nothing more, and that  
 MindFreedom International is not agreeing to provide legal advocacy, advice or services.
- I further understand that the MindFreedom Shield is not meant to replace a formal psychiatric advance directive or other similar legal document, and that it is highly recommend that I obtain an advance directive if I have not already.
- I affirm that to the best of my ability any and all information I provide to MindFreedom regarding my MindFreedom Shield is at all times accurate and true, and that I accept full responsibility for any erroneous or inaccurate information that I may provide.
- I agree to not hold MindFreedom or any of its staff, Sponsor Organizations, affiliates, members, volunteers, or board of directors civilly or criminally liable for any injury, damages or loss I may sustain, foreseeable or not, as a result of establishing or activating my MindFreedom Shield and the issuance of a Human Rights Alert(s), including any inaccuracies or errors in any alert. This also applies to the person(s) I have listed above as a contact person.
- I agree to participate in the MindFreedom Solidarity Network nonviolently and in a spirit of mutual cooperation to the best of my ability including whenever MindFreedom issues a Human Rights Alert regarding another Shield registrant.
- I recognize that any information about me involving the MindFreedom Shield that is made public -- such as (though not limited to) the MindFreedom Shield Public Registry or any Human Rights Alert -- may become accessible to others, such as on the Internet, in perpetuity, and that it may not be possible or practical to recall, retract, modify or make this information private in the future.
- If I have any questions about this form, I will contact the MindFreedom office before submitting it.

**I am completing this Shield application on behalf of someone else:**

- Yes
- No

**The name of the person who completed the Application is:**

**My relationship to the Shield applicant is:**

**The reason I am completing the Application on their behalf is:**

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**Signature**

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**Name**

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**Date**