

Instructions for the Psychiatric/Psychological Provider's Compliance Form

The Washington Death with Dignity Act (chapter 70.245 RCW) allows a qualified patient with a terminal illness with six months or less to live to request medication that the patient may self-administer to end their life. If you have questions about these instructions, contact DeathwithDignity@doh.wa.gov.

Psychiatric/Psychological Provider Requirements

As the Psychiatric/psychological provider, you must:

- Examine the patient to determine if they have a psychiatric or psychological disorder or depression causing impaired judgment.
- Immediately after examination, complete and return this form to the medical provider who referred the patient to you, either the Attending Qualified Medical Provider or Consulting Qualified Medical Provider.

Qualified Patient Requirements

A qualified patient must be:

- At least 18 years of age.
- Competent - in the opinion of a court or in the opinion of the patient's attending qualified medical provider or consulting qualified medical provider, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.
- A resident of Washington State.
- Diagnosed with a terminal disease - an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Common documents that prove residency in Washington State include, but are not limited to: a driver's license, voter registration, a mortgage or rental agreement, or a utility bill.

Note for the Attending Qualified Medical Provider

The Death with Dignity Act only provides immunity from civil and criminal liability and disciplinary action for good faith compliance. You must submit the following completed forms **within 30 calendar days** of writing a prescription for a lethal dose of medication:

Send the completed forms to the Department of Health.

- Online through REDCap: <https://redcap.link/DeathWithDignity>.
- By fax: 360-200-7408
- By mail: Center for Health Statistics, PO Box 47856, Olympia, WA 98504-7856

The Department of Health will contact you if the forms are missing information. We keep all information strictly confidential and only release aggregate information on an annual basis.

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Psychiatric/Psychological Provider's Compliance Form

The Psychiatric/Psychological Provider must fill out and send the completed form to the medical provider who referred the patient to you. Unless otherwise specified, fill out all text fields to indicate you completed the task.

A. Patient Information

Patient Name (Last, First, M.I.):

Date of Birth:

B. Attending Qualified Medical Provider Information

Name (Last, First, M.I.) and Title:

Phone Number:

C. Consulting Qualified Medical Provider Information

Name (Last, First, M.I.) and Title:

Phone Number:

D. Psychiatric/Psychological Evaluation

Medical Diagnosis:

Exam Dates:

Psychiatric/Psychological Evaluation

E. Psychiatric/Psychological Provider Confirmation

I have determined through evaluation that the above-named patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment, in conformance with chapter 70.245 RCW.

Provider Signature:

Date:

Name (Last, First, M.I.):

Title:

Mailing Address (Street, City, State, And Zip Code):

Email Address:

Phone Number: