

MEMORANDUM FOR SOLDIER NAME, SOLDIER SSN

FROM: COMMANDER , Z COMPANY, UNIT NAME, ADDRESS

SUBJECT: Notification of Referral for Command Directed Mental Health Evaluation

References: (a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997.
(b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997.

- 1) In accordance with the above references this memorandum is to inform you that I am referring you for a mental health evaluation.
- 2) The following is a description of your behaviors and/or verbal expressions that I considered in determining the need for a mental health evaluation:
 - a) Symptoms suggestive of severe depression to include -
 - b) Behaviors of a bizarre or highly unusual nature to include –
 - c) Statements made to others that include –
 - d) An extended period of impaired functioning that includes -
- 3) Before making this referral I consulted with the following behavioral health care provider about your recent actions: NAME OF PROVIDER at PHONE # and CLINIC NAME. This provider concurs that this evaluation is warranted and appropriate.
- 4) In accordance with the above references you are entitled to the rights listed below:
 - a) The right, upon your request, to speak with an attorney who is a member of the Armed Forces or is employed by the Department of Defense who is available for the purpose of advising you of the ways in which you may seek redress should you question this referral.
 - b) The right to submit to your Service Inspector General or to the Inspector General of the Department of Defense for investigation of an allegation that your mental health referral was a reprisal for making or attempting to make a lawful communication to a Member of Congress; any appropriate authority in your chain of command; an IG; or a member of a DoD audit, inspection, investigation, or law enforcement organization; or in violation of listed above and or any applicable regulations.
 - c) The right to obtain a second opinion and be evaluated by a mental health care provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent mental health care provider shall be conducted within a reasonable period of time, usually within 10 business days, and shall not delay or substitute for an evaluation performed by a DoD mental health care provider.
 - d) The right to communicate without restriction with an IB, attorney, Member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.
 - e) The right, except in emergencies, to have at least two business days before the scheduled mental health evaluation to meet with an attorney, IB, chaplain, or other

appropriate party. If I believe your situation constitutes an emergency or that your condition appears potentially harmful to your well being and I judge that it is not in your best interest to delay your mental health evaluation for 2 business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

- f) If you are assigned to a naval vessel, deployed, or otherwise geographically isolated because of circumstances related to military duties that make compliance with any of the procedures outlines above impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

5) You are scheduled to meet with NAME OF PROVIDER at the NAME OF CLINIC on DATE and TIME.

6) The following authorities can assist you if you wish to question this referral:

- a) Military Attorney – Trial Defense Service, Bldg 2027, Phone (253) 967-0707
Hours 0900-1630 call for appointment
- b) DoD Inspector General – Mr Donald Mancuse (Acting DoD IG), 400 Army Navy Drive, Arilington, VA . Phone – (703) 604-8300, Hours – 0700-1700.
- c) Your Unit Inspector General:

SIGNATURE BLOCK OF COMMANDER

I have read the memorandum above and have been provided a copy.

Service member's signature: _____ Date: _____

OR

The service member declined to sign this memorandum which includes the Service Member's Statement of Rights because _____

Witness signature: _____ Date: _____

Witness Printed Rank and Name: _____