

Date \_\_\_\_\_

**MEMORANDUM OF UNDERSTANDING**

**SUBJECT: Validity of Psychiatric History and Symptoms**

1. I, \_\_\_\_\_, am seeking treatment for a mental disorder.
2. I (have) / (have not) been treated or hospitalized for a mental disorder before today.
3. I understand that my chain of command is authorized to contact my family to confirm prior mental health treatment(s) and / or hospitalization.
4. I am willing to grant access to medical records of previous mental health treatment(s) and / or hospitalization.
5. I understand that my healthcare provider is authorized to obtain further information on previous mental health treatment(s) and / or hospitalization.
6. I understand that deliberately doing harm to my fellow Service Members or myself is a violation of the Uniform Code of Military Justice (UCMJ) and could result in my being fined or imprisoned.
7. I understand that making false statements is a violation of the Uniform Code of Military Justice (UCMJ) and could result in my being fined or imprisoned.
8. I hereby swear that my statements regarding my current mental health and previous treatment(s) and / or hospitalization are true and complete to the best of my knowledge.

**SERVICE MEMBER**

PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**WITNESS**

PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_