

Date: _____

MEMO FOR THE RECORD

Subj: RELEASE FROM RESPONSIBILITY FOR REFUSING TREATMENT

1. This is to certify that I, NAME/RATE
Have been offered treatment at the (Name of Treatment Center).

2. I have been told by about the benefits of treatment and about the risks and consequences involved in refusing the above treatment program at this time. I have been advised of the possible consequences to my continued service with the U.S. Navy as a result of my refusal IAW OPNAVINST 5350.4 series. I hereby release the (Command) its officer(s) and employees, and the U.S. Navy from liability from any injury, harm, or complications that may result, directly or indirectly, by reason of my refusal to follow the indicated advice.

Signature of Service Member

Signature of Commanding Officer or Representative

Printed Name

Signature of Witness

Printed Name

If the Service Member refuses to sign, indicate same in signature space.

Routing:

Original: Service Record

Copy: DAPA File
Service Member