



Current as of November 2024

Checklist for Enduring ACP Documents, approved for use after 30 November 2020 to be uploaded to The Viewer

This document supports the Statewide Office of Advance Care Planning (OACP) in uploading advance care planning (ACP) documents to The Viewer/ACP Tracker.

The checklist outlines the steps and standard criteria used by the OACP to determine eligibility of an **enduring document** (approved for use after 30 November 2020) for upload to The Viewer. It aligns with the *Powers of Attorney Act 1998 (QLD)* and supports clinicians to have access to quality documents.

If any issues are identified that prevent the documents from being uploaded, the sender will be notified. The sender may be able to resolve these issues.

Following the steps and criteria provided ensures accurate and timely uploads to the correct patient record.

Please note: The Statewide Office of Advance Care Planning verifies the completion of enduring ACP documents against standard criteria. However, it **does not confirm the content of enduring ACP documents uploaded to The Viewer**. The use of ACP enduring documents on The Viewer must **comply with Queensland legislation**.

IN SCOPE

- ✓ Advance Health Directive (AHD)*
- ✓ Enduring Power of Attorney (EPOA)*
- ✓ Queensland Civil and Administrative Tribunal Decisions
- ✓ Revocation of EPOA/AHD*
- ✓ Statement of Choices (SoC)

*Note: Includes Form 7 Interpreter's/ translator's statement

Quick navigation

Click the relevant document to show the criteria used by the Statewide Office of Advance Care Planning to determine eligibility for upload:

- [Enduring Power of Attorney – Short Form, Form 2](#)
- [Enduring Power of Attorney – Long Form, Form 3](#)
- [Advance Health Directive, Form 4](#)
- [Interpreter's/Translator's statement, Form 7](#)
- [Revocation of an Enduring Power of Attorney, Form 6](#)
- [Revocation of an Advance Health Directive](#)

Contact us

✉ PO Box 2274, Runcorn QLD 4113

🌐 www.mycaremychoices.com.au

✉ acp@health.qld.gov.au

☎ 1300 007 227



Queensland
Government



Enduring Power of Attorney – Short Form, Form 2

The steps below consider the criteria used to review an **Enduring Power of Attorney (EPOA) – Short Form, Form 2** (Version 4) and determine its eligibility for upload to The Viewer.

Steps to follow

- The document is clear and legible
- The following sections are fully completed:

SECTION 1: YOUR PERSONAL DETAILS

- The principal's name is entered

SECTION 3: YOUR ATTORNEY(S)

- The name(s) of attorney(s) are entered
- One of the following boxes is ticked:
 - Personal (including health) matters only
 - Financial matters only
 - Personal (including health) matters and financial matters

SECTION 4: DECLARATIONS AND SIGNATURES

- It is signed by the principal or an 'eligible signer' on the principal's behalf
- The **WITNESS CERTIFICATE**:
 - Has the appropriate boxes ticked
 - Is signed and dated by an 'eligible witness'

SECTION 5: ATTORNEY(S)' ACCEPTANCE

- It is signed and dated by at least one attorney (named in SECTION 3)
- All sections of the document, including any additional pages (**Form 8**) referenced, are attached
- Copies/scans of completed ACP documents are sent to:
 - **Email:** acp@health.qld.gov.au
 - **Post:** PO Box 2274 Runcorn QLD 4113
 - **Fax:** 1300 008 227

Form 2
Powers of Attorney Act 1998 (section 44(3))
Version 4 approved by order 19 November 2020

The patient record purposes, health services and other identification labels here

Enduring power of attorney – short form (Queensland)

This form allows you to appoint someone you trust (an 'attorney') to make decisions for you during your lifetime. Use this form to appoint:

- attorney(s) for personal (including health) matters only
- attorney(s) for financial matters only
- the same attorney(s) for both personal (including health) matters and financial matters.

Before you complete this form, read Form 9 – Enduring power of attorney explanatory guide, consider who you want to appoint and talk to them.

This is a legal document that can significantly affect your legal rights. It is recommended that you seek independent legal advice before completing this form.

Forms and explanatory guides are available at www.qld.gov.au/guest/advancecareplanning

ENDING POWERS OF ATTORNEY – SHORT FORM | Version 4 approved by order 19 November 2020 | Queensland Government

✔ If all criteria are met, the document can be uploaded to The Viewer



Enduring Power of Attorney – Long Form, Form 3

The steps below consider the criteria used to review an **Enduring Power of Attorney (EPOA) – Long Form, Form 3** (Version 4) and determine its eligibility for upload to The Viewer.

Steps to follow

- The document is clear and legible
- The following sections are fully completed:

SECTION 1: YOUR PERSONAL DETAILS

- The principal's name is entered

SECTION 3: YOUR ATTORNEY(S)

For Personal (including health) matters:

- The name(s) of attorney(s) are entered

For Financial matters:

- The name(s) of the attorney(s) are entered

SECTION 4: DECLARATIONS AND SIGNATURES

- It is signed by the principal or an 'eligible signer' on the principal's behalf
- The **WITNESS CERTIFICATE**:
 - Has the appropriate boxes ticked
 - Is signed and dated by an 'eligible witness'

SECTION 5: ATTORNEY(S)' ACCEPTANCE

- It is signed and dated by at least one attorney (named in Section 3)
- All sections of the document, including any additional pages (**Form 8**) referenced, are attached
- Copies/scans of completed ACP documents are sent to:
 - **Email:** acp@health.qld.gov.au
 - **Post:** PO Box 2274 Runcorn QLD 4113
 - **Fax:** 1300 008 227

If all criteria are met, the document can be uploaded to The Viewer



Advance Health Directive, Form 4

The steps below consider the criteria used to review an **Advance Health Directive (AHD), Form 4** (Version 5) and determine its eligibility for upload to The Viewer.

Steps to follow

- The document is clear and legible
- The following sections are fully completed:

SECTION 1: YOUR PERSONAL DETAILS

- The principal's name is entered

SECTION 5: DOCTOR CERTIFICATE

- It is signed and dated by a doctor/nurse practitioner

SECTION 7: DECLARATIONS AND SIGNATURES

- It is signed by the principal or an 'eligible signer' on the principal's behalf

- The **WITNESS CERTIFICATE**:

- Has the appropriate boxes ticked
- Is signed and dated by an 'eligible witness'

- All sections of the document, including any additional pages (**Form 8**) referenced, are attached

- Copies/scans of completed ACP documents are sent to:

- **Email:** acp@health.qld.gov.au
- **Post:** PO Box 2274 Runcorn QLD 4113
- **Fax:** 1300 008 227

Optional: This step is only relevant if the person is appointing an attorney(s) for health matters in the AHD document.

SECTION 6. APPOINTING AN ATTORNEY(S) FOR HEALTH MATTERS

- The attorney(s) name(s) are entered

SECTION 8. ATTORNEY(S)' ACCEPTANCE

- It is signed and dated by at least one attorney (named in SECTION 6)

✔ If the criteria are met, the document can be uploaded to The Viewer



Interpreter's/Translator's statement, Form 7

The steps below consider the criteria used to review an **Interpreter's/Translator's statement, Form 7** (Version 2) and determine its eligibility for upload to The Viewer.

This form is to be completed by an interpreter/translator if they acted as an interpreter/translator when the AHD or EPOA was signed.

Steps to follow

- The document is clear and legible
- The following are fully completed:
In the **Interpreter's/Translator's statement**
- The name of the document for which this statement applies (e.g. AHD or EPOA) is entered
- The name of translator, language used, qualifications are entered (Note: The interpreter/translator must be registered with the National Accreditation Authority for Translators and Interpreters)
- It is signed and dated by the translator
- Copies/scans of completed ACP documents are sent to:
 - **Email:** acp@health.qld.gov.au
 - **Post:** PO Box 2274 Runcorn QLD 4113
 - **Fax:** 1300 008 227

Note: If the above-mentioned steps are completed and only the translator's qualifications are missing, the document can still be uploaded to The Viewer when attached to the related AHD or EPOA.

✓ If the criteria are met, the document can be uploaded to The Viewer

Revocation of an EPOA, Form 6



The steps below consider the criteria used to review a **Revocation of an EPOA, Form 6 (Version 1)** and determine its eligibility for upload to The Viewer.

Steps to follow

- The document is clear and legible
- The following are fully completed:

PART 1: STATEMENT REVOKING THE APPOINTMENT OF AN ATTORNEY OR ATTORNEYS

- The principal's name is entered
- The date of the EPOA document being revoked is entered
- The name(s) of the attorney(s) being revoked are entered

PART 2: STATEMENT OF UNDERSTANDING

- It is signed by the principal or an 'eligible signer' on the principal's behalf
- It is signed and dated by an 'eligible witness'

PART 3: WITNESS' CERTIFICATE

- One box is ticked in sections (a), (c) and (d)
- It is signed by the 'eligible witness'
- All sections of the document are attached
- Copies/scans of completed ACP documents are sent to:
 - **Email:** acp@health.qld.gov.au
 - **Post:** PO Box 2274 Runcorn QLD 4113
 - **Fax:** 1300 008 227

If all criteria are met, the document can be uploaded to The Viewer



Revocation of an AHD

The steps below consider the criteria used to review a **Revocation of an AHD** and determine its eligibility for upload to The Viewer.

Note: There is no specified form for a revocation of an AHD document (s49 POA Act 1998)

Steps to follow

- The document is clear and legible
- The date of the document is entered
- The name of the principal is entered
- The date of the AHD document being revoked is entered
- The document has been:
 - Signed by the principal and may or may not include a certificate signed by the witness stating the principal had:
 - Signed the revocation in the witness' presence and
 - At the time, appeared to the witness to have the capacity necessary for the revocation
 - The date of the document
 - The name of the principal (person revoking the AHD)
 - The date of the AHD document being revoked

OR

- Signed by a person for the principal, and if so, must include a certificate signed by the witness stating:
 - The principal, in the witness' presence, instructed the person to sign the revocation on the principal's behalf, and
 - The person signed it in the presence of the principal and witness, and
 - The principal, at the time, appeared to the witness to have the capacity necessary for the revocation
- Copies/scans of completed ACP documents are sent to:
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 - **Post:** PO Box 2274 Runcorn QLD 4113
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✔ If the criteria are met, the document can be uploaded to The Viewer