



Checklist for Enduring ACP Documents, approved for use prior to 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 prior to 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



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 2) 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: APPOINTING AN ATTORNEY

- The principal's name is entered
- The name(s) of attorney(s) are entered
- One of the following boxes is ticked:
 - Financial matters
 - Personal/health matters
 - Financial and personal/health matters

SECTION 8: STATEMENT OF UNDERSTANDING

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

SECTION 9: WITNESS' CERTIFICATE

- The 'eligible witness' name is entered
- One box in sections (a), (c) and (d) is ticked
- It is signed and dated by an 'eligible witness' before 30 Nov 2020

SECTION 10: ATTORNEY'S ACCEPTANCE

- At least one attorney (named in Section 1) has:
 - Ticked all required boxes
 - Signed and dated the acceptance
- 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

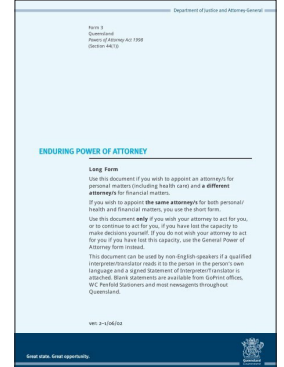


Enduring Power of Attorney – Long Form, Form 3

The steps below consider the criteria used to review an **Enduring Power of Attorney (EPOA) – Long Form, Form 3 (Version 2)** and determine its eligibility for upload to The Viewer.

Please note: If only one of the appointment criteria for Form 1 or Form 2 are met, the document will be uploaded to The Viewer with sub type listed as either ‘Financial’ or ‘Personal including health care’.

In this instance the sender will be notified and a comment added in the [ACP Tracker](#). This will alert clinicians to issues with the appointment of an attorney, in the other area of appointment, within this document.



Steps to follow

If the principal is appointing an attorney for personal/health matters:

- The following sections are fully completed:
- Form 1. Appointing an Attorney for Personal/Health Matters**
- The principal’s name is entered
- The attorney(s) name(s) are entered
- SECTION 6: STATEMENT OF UNDERSTANDING**
- It is signed by the principal or an ‘eligible signer’ on the principal’s behalf
- SECTION 7: CERTIFICATE OF WITNESS TO FORM 1**
- One box is ticked in sections (a) and (c)
- It is signed and dated by an ‘eligible witness’ before 30 Nov 2020
- Form 3: Attorney’s Acceptance (SECTION 16, 17 or 18).**
- At least one attorney (named in Form 1) has:
 - Ticked all required boxes
 - Signed and dated the acceptance
- The document is clear and legible
- All sections of the document are attached
- Copies/scans of completed ACP documents are sent to:
 - **Email:** acp@health.qld.gov.au
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 - **Fax:** 1300 008 227

If the principal is appointing an attorney for financial matters:

- The following sections are fully completed:
- Form 2. Appointing an Attorney for Financial Matters**
- The principal’s name is entered
- The attorney(s) name(s) are entered
- SECTION 14: STATEMENT OF UNDERSTANDING**
- It is signed by the principal or an ‘eligible signer’ on the principal’s behalf
- SECTION 15: CERTIFICATE OF WITNESS TO FORM 2**
- One box is ticked in sections (a) and (c)
- It is signed and dated by an ‘eligible witness’ before 30 Nov 2020
- Form 3: Attorney’s acceptance (SECTION 19, 20 or 21).**
- At least one attorney (named in Form 2) has:
 - Ticked all required boxes
 - Signed and dated the attorney’s acceptance

✔ 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 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 DETAILS

- The principal's name is entered

SECTION 5: DOCTOR'S INVOLVEMENT

- It is signed and dated by a doctor

SECTION 8: STATEMENT OF UNDERSTANDING AND SIGNATURE

- It is signed by the principal or an 'eligible signer' on the principal's behalf before 30 Nov 2020
- It is signed and dated by an 'eligible witness'

SECTION 9: WITNESS' CERTIFICATE

- The name of 'eligible witness' is entered
- One box is ticked in sections (b) and (e)
- 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

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

SECTION 7: APPOINTING AN ATTORNEY FOR PERSONAL/HEALTH MATTERS

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

SECTION 10: ATTORNEY'S ACCEPTANCE

- At least one attorney (named in SECTION 7) has:
 - Ticked all required boxes
 - Signed and dated the acceptance

Form 4
Queensland
Powers of Attorney Act 2006
Division 4A(2)

ADVANCE HEALTH DIRECTIVE

This form deals with your future health care.
The time may come when you cannot speak for yourself. By completing this form, you can give directions about your medical treatment at such a time.

This document can be used by non-English-speakers if a qualified interpreter/translator reads it to the person in the person's own language and a signed Statement of Interpreter/Translator is attached. Blank statements are available from Co-Print offices, WC Penfold Stations and most newsagents throughout Queensland.

Queensland Government
Department of Justice and Attorney General
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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 1) 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
- It is signed by the same eligible witness who certified the document, confirming:
 - The document was signed in their presence
 - The principal appeared to have capacity
- 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

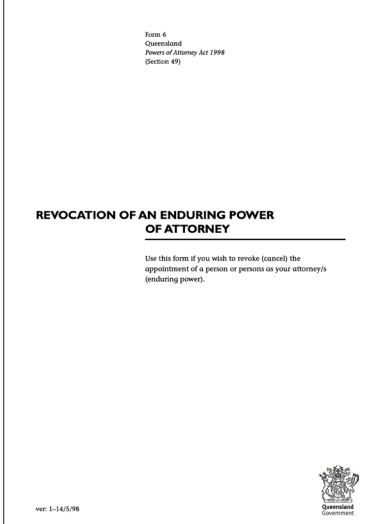
- The principal's name is entered
- The date of the EPOA document being revoked is entered
- The name(s) of the attorney(s) being revoked are entered

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'
- If PART 2 has been signed by an 'eligible signer' on the adult's behalf, then:

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:
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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
 - **Fax:** 1300 008 227

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