



## Powers of Attorney Act 1998

### Revocation of advance health directive

You may revoke an advance health directive if you have capacity to make the decision. You must give a copy of this revocation to a staff member of a mental health service who will remove the advance health directive from your health records.

You may also revoke an advance health directive when making a new advance health directive (see *Advance health directive for mental health*).

### Revocation of attorney appointed under an advance health directive

You may revoke the appointment of an attorney or attorneys appointed under an advance health directive if you have capacity to make the decision. You must give a copy of this revocation to a staff member of a mental health service who will remove the attorney from your health records.

### Resignation of attorney appointed under an advance health directive

A person appointed as an attorney under an advance health directive may resign as an attorney. The person who appointed the attorney, or the resigning person, must give a copy of the resignation to a staff member of a mental health service who will remove the attorney from your health records.

### What is capacity?

You have capacity to make a decision if you are capable of:

- understanding the nature and effect of the decision
- freely and voluntarily making the decision
- communicating the decision in some way.

**Section 1 must be completed.**

**Sections 2, 3 or 4 must be completed.**

## Section 1

### Name of person who made advance health directive

Title	Given name	Family name
Date of birth / /	Street address	Suburb
Postcode	Contact number	Email

## Section 2

### Revocation of advance health directive

I **revoke** my advance health directive dated

/ /

*You must sign here. Your signature must be witnessed.*

Name

Signature

Date

/ /

### Witness certification

I certify that the person appears to have capacity to make the decision to revoke the advance health directive.

Witness name

Street address

Suburb

Postcode

Witness signature

Date

/ /

### Section 3

## Revocation of attorney appointed under an advance health directive

I **revoke** the appointment of

as my attorney under my advance health directive dated

/ /

I **revoke** the appointment of

as my attorney under my advance health directive dated

/ /

*You must sign here. Your signature must be witnessed.*

Name

Signature

Date

/ /

### Witness certification

I certify that the person appears to have capacity to make the decision to revoke the appointment of an attorney under the advance health directive.

Witness name

Street address

Suburb

Postcode

Witness signature

Date

/ /

### Section 4

## Resignation of attorney appointed under an advance health directive

I **resign** as attorney appointed under the advance health directive dated

/ /

for the person stated in Section 1.

*You must sign here. Your signature must be witnessed.*

Name

Street address

Suburb

Postcode

Signature

Date

/ /

### Witness

Witness name

Street address

Suburb

Postcode

Witness signature

Date

/ /