Checklist for Statement of Choices to be uploaded to The Viewer

The Statewide Office of Advance Care Planning (ACP) can upload the following documents to The Viewer:

- Statement of Choices (SoC)
- Enduring Power of Attorney (EPOA) Short Form and Long Form
- Advance Health Directive (AHD)
- Revocation of EPOA/AHD
- Queensland Civil and Administrative Tribunal Decisions.

This checklist outlines the steps and standard criteria used by the Statewide Office of ACP to determine eligibility of a SoC for upload to The Viewer. The criteria align with administrative requirements and supports clinicians to have access to quality documents.

Prior to sending copies of SoC documents to the Statewide Office of ACP, you are encouraged to check that they are legible and meet uploading criteria. Please send all pages of the document to us and include the person's name and date of birth or their service ID sticker. This will help the Office to upload the document in a timely manner to the correct patient's record. If issues are identified that prevent uploading of the documents, you (as the sender) will be notified. You may be able to address these issues.

Note: The Statewide Office of ACP will check completion against standard criteria; however, the Office is not responsible for confirming the content of SoC documents uploaded to The Viewer. Use of SoC documents on The Viewer must be in accordance with Queensland legislation.

1. Statement of Choices

The following steps show the criteria used by the Statewide Office of ACP to review a SoC and determine if it is eligible to be uploaded to The Viewer.

Note: SoC versions differ in format and content. All versions of the SoC can be processed by the Statewide Office of ACP.

Questilini ted		All the following are complete:
Statement of Choices ADVANCE CARE PLANNING	Step 1:	 The document is legible Personal details include the name and date of birth of the person to whom the SoC belongs
This Statement of Choose can help you needed your widner, values and beliefs to gade those other by you to make health care decisions on your behalf if you are unable to make those decisions for yourset.		 Form A: the person has signed and dated the SoC the person's doctor/nurse practitioner has signed and dated the SoC
www.mycaremychoices.com.au	P	 Form B: the person completing the SoC has signed and dated it a doctor/nurse practitioner of the person to whom the form belongs has signed and dated the SoC.
	Step 2:	☐ All pages of the SoC are included in the document.

If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.

☐ Additional pages referenced in the document are attached.