Checklist for enduring ACP documents, approved for use prior to 30 November 2020 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
- Enduring Power of Attorney (EPOA) Short Form and Long Form
- Advance Health Directive (AHD)
- Revocation of EPOA/AHD
- Interpreter's/Translator's statement.

This checklist outlines the steps and standard criteria used by the Statewide Office of ACP to determine eligibility of an enduring document for upload to The Viewer. The criteria align with the requirements of the *Powers of Attorney Act 1998* (QLD) and supports clinicians to have access to quality documents.

Prior to sending copies of enduring 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 enduring ACP documents uploaded to The Viewer. Use of enduring documents on The Viewer must be in accordance with Queensland legislation.

Click on the following links to show the criteria used by the Statewide Office of ACP to review these documents:

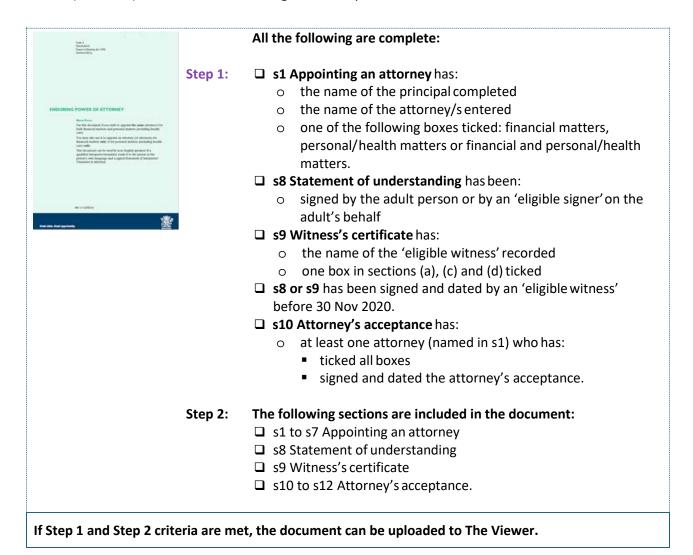
- Enduring Power of Attorney (EPOA) Short Form Form 2
- Enduring Power of Attorney (EPOA) Long Form Form 3
- Advance Health Directive (AHD) Form 4
- Interpreter's/Translator's statement Form 7 (attachment to AHD/EPOA)
- Revocation of an EPOA Form 6
- Revocation of an AHD.





1. Enduring Power of Attorney (EPOA) Short Form - Form 2

The following steps show the criteria used by the Statewide Office of ACP to review an EPOA Short Form - Form 2 (Version 2) and determine if it is eligible to be uploaded to The Viewer.







2. Enduring Power of Attorney (EPOA) Long Form - Form 3

The following steps show the criteria used by the Statewide Office of ACP to review an EPOA Long Form - Form 3 (Version 2) and determine if it is eligible to be uploaded to The Viewer.



Note: If only one of the appointment criteria for Form 1 or Form 2 outlined in Step 1 and 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 <u>ACP Tracker</u>. This will alert clinicians to issues with the appointment of an attorney, in the other area of appointment, within this document.

Step 1:

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

All the following are complete:

- ☐ Form 1: Appointing an attorney for personal/healthmatters has the name of the:
 - o principal completed
 - o attorney/s entered.
- □ **s6 Statement of understanding** has been:
 - o signed by the principal or an 'eligible signer' on the adult's behalf.
- □ s7 Certificate of witness to Form 1 has:
 - o one box in sections (a) and (c) ticked
- □ **s6 or s7** has been signed and dated by an 'eligible witness' before 30 Nov 2020.
- ☐ Form 3: Attorney's acceptance s16, s17 or s18 has:
 - o at least one attorney (named in Form 1) who has:
 - ticked all boxes
 - signed and dated the attorney's acceptance

If the principal is appointing an attorney for financial matters

All the following are complete:

- ☐ Form 2: Appointing an attorney for financial matters has the name of the:
 - o principal completed
 - o attorney/s entered.
- □ **s14 Statement of understanding** has been:
 - signed by the principal or an 'eligible signer' on the adult's behalf
- □ s15 Certificate of witness to Form 2 has:
 - o one box in sections (a) and (c) ticked.
- □ **s14 or s15** has been signed and dated by an 'eligible witness' before 30 Nov 2020.
- □ Form 3: Attorney's acceptance s19, s20 or s21 has:
 - at least one attorney (named in Form 2 s8) who has:
 - ticked all boxes
 - signed and dated the attorney's acceptance

Step 2:

The following sections are included in the document:

- ☐ Form 1: Appointing an attorney for personal/health matters
 - o s6 Statement of understanding
 - s7 Certificate of Witness to Form 1
- ☐ Form 2: Appointing an attorney for financial matters
 - o s14 Statement of understanding
 - o s15 Certificate of Witness to Form 2
- ☐ Form 3: Attorney's Acceptance



3. Advance Health Directive (AHD) - Form 4

The following steps show the criteria used by the Statewide Office of ACP to review an AHD - Form 4 (Version 4) and determine if it is eligible to be uploaded to The Viewer.

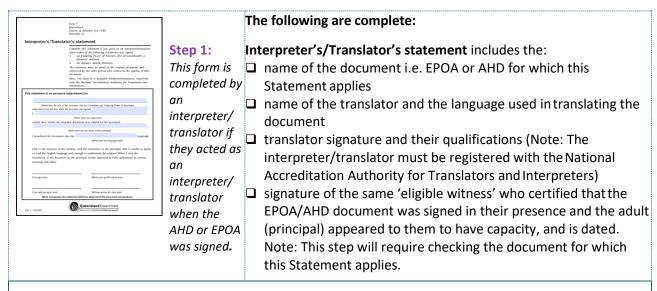
Stems 4. Quantificational James of Antoning Act 2000 Contract CED	All the following are complete:			
ADVANCE HEALTH DIRECTIVE The finan about with your factor beninks care. The line or our core allows you comed upon the security for companying to financy, you cannot upon the security of the company control of the	Section 1: Your details - has the name of the principal completed Section 5: Doctors involvement - has been signed and dated by a doctor Section 8: Statement of understanding and signature - has been: signed by the principal or an 'eligible signer' on the adult's behalf signed and dated by an 'eligible witness' before 30 Nov 2020 Section 9: Witness's certificate has: the name of the 'eligible witness' recorded one box in sections (b) and (e) ticked been signed by an eligible witness			
	Step 2: The following sections are included in the document: Section 1: Your Details Section 2: General instructions Section 3: Terminal, incurable, or irreversible conditions Section 4: Personal Statement Section 5: Doctor involvement Section 6: Enduring power of attorney for personal/health matters Section 7: Appointing an attorney for personal/health matters Section 8: Statement of understanding and signature Section 9: Witness's certificate Section 10: Attorney's acceptance Section 11: Review of this document.			
If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.				
Note: If Steps 1 and 2 are met, but Step 3 (criteria below) are incomplete - the document will still be uploaded to The Viewer. 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 for personal/health matters within this document.				
Step 3: This step is only relevant ip person is nominating an e power of attorney (EPOA) and personal matters in the document.	during o name of the principal and name of attorney/s entered. or health Section 10: Attorney's acceptance has:			





4. Interpreter's/Translator's statement - Form 7 (attachment to AHD/EPOA)

The following steps show the criteria used by the Statewide Office of ACP to review an Interpreter's/Translator's statement - Form 7 (Version 1) and determine if it is eligible to be uploaded to The Viewer.



If Step 1 criteria are met, or the form is only missing qualifications of the translator, the document can be uploaded to The Viewer, attached to related AHD or EPOA.

5. Revocation of an EPOA - Form 6

The following steps show the criteria used by the Statewide Office of ACP to review Revocation of an EPOA - Form 6 (Version 1) and determine if it is eligible to be uploaded to The Viewer.

Form 6. Queenland Power of Atlance, Inc. 1998		All the following are complete:		
Ciection 49)	Step 1:	 □ Part 1: Statement revoking the appointment of an attorney or attorneys has: the name of the principal completed the date of the EPOA document to be revoked the name/s of attorney/s to be revoked. □ Part 2: Statement of understanding has been: signed by the principal or an 'eligible signer' on the adult's behalf signed and dated by an 'eligible witness'. □ If Part 2 has been signed by an "eligible signer" on the adult's behalf, then check that Part 3: Witness's certificate has: one box in sections (a), (c) and (d) ticked been signed by an 'eligible witness'. 		
	Step 2:	That the following sections are included in the document: □ Part 1: Statement revoking the appointment of an attorney or attorneys □ Part 2: Statement of understanding □ Part 3: Witness's certificate.		
If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.				





Statewide Office of Advance Care Planning

6. Revocation of an AHD

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

Note: There is no specified form for a revocation of an AHD document (s49 POA Act 1998)
The following are included in the document:
☐ the document date
☐ the name of the person (principal)
☐ the date of the AHD document to be revoked
☐ the document has been:
 signed by the principal and <u>may or may not</u> include a certificate signed by the witness stating the principal had:
signed the revocation in the witness's presence, and
 at the time, appeared to the witness to have the capacity necessary for therevocation
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's 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.