

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.



All the following are complete:

Step 1:

- s1 Appointing an attorney** has:
 - the name of the principal completed
 - the name of the attorney/s entered
 - one of the following boxes ticked: financial matters, personal/health matters or financial and personal/health matters.
- s8 Statement of understanding** has been:
 - signed by the adult person or by an 'eligible signer' on the adult's behalf
- s9 Witness's certificate** has:
 - the name of the 'eligible witness' recorded
 - one box in sections (a), (c) and (d) ticked
- s8 or s9** has been signed and dated by an 'eligible witness' before 30 Nov 2020.
- s10 Attorney's acceptance** has:
 - at least one attorney (named in s1) who has:
 - ticked all boxes
 - signed and dated the attorney's acceptance.


Step 2: The following sections are included in the document:

- s1 to s7 Appointing an attorney
- s8 Statement of understanding
- s9 Witness's certificate
- s10 to s12 Attorney's acceptance.

If Step 1 and Step 2 criteria are met, the document can 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.

	<p>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’.</p>
<p>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.</p>	
<p>Step 1: If the principal is appointing an attorney for personal/health matters All the following are complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Form 1: Appointing an attorney for personal/health matters has the name of the: <ul style="list-style-type: none"> o principal completed o attorney/s entered. <input type="checkbox"/> s6 Statement of understanding has been: <ul style="list-style-type: none"> o signed by the principal or an ‘eligible signer’ on the adult’s behalf. <input type="checkbox"/> s7 Certificate of witness to Form 1 has: <ul style="list-style-type: none"> o one box in sections (a) and (c) ticked <input type="checkbox"/> s6 or s7 has been signed and dated by an ‘eligible witness’ before 30 Nov 2020. <input type="checkbox"/> Form 3: Attorney’s acceptance s16, s17 or s18 has: <ul style="list-style-type: none"> o at least one attorney (named in Form 1) who has: <ul style="list-style-type: none"> ▪ ticked all boxes ▪ signed and dated the attorney’s acceptance 	<p>If the principal is appointing an attorney for financial matters All the following are complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Form 2: Appointing an attorney for financial matters has the name of the: <ul style="list-style-type: none"> o principal completed o attorney/s entered. <input type="checkbox"/> s14 Statement of understanding - has been: <ul style="list-style-type: none"> o signed by the principal or an ‘eligible signer’ on the adult’s behalf <input type="checkbox"/> s15 Certificate of witness to Form 2 has: <ul style="list-style-type: none"> o one box in sections (a) and (c) ticked. <input type="checkbox"/> s14 or s15 has been signed and dated by an ‘eligible witness’ before 30 Nov 2020. <input type="checkbox"/> Form 3: Attorney’s acceptance s19, s20 or s21 has: <ul style="list-style-type: none"> o at least one attorney (named in Form 2 s8) who has: <ul style="list-style-type: none"> ▪ ticked all boxes ▪ signed and dated the attorney’s acceptance
<p>Step 2:</p>	<p>The following sections are included in the document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Form 1: Appointing an attorney for personal/health matters <ul style="list-style-type: none"> o s6 Statement of understanding o s7 Certificate of Witness to Form 1 <input type="checkbox"/> Form 2: Appointing an attorney for financial matters <ul style="list-style-type: none"> o s14 Statement of understanding o s15 Certificate of Witness to Form 2 <input type="checkbox"/> 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.



All the following are complete:

Step 1:

- 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:
 - o signed by the principal or an 'eligible signer' on the adult's behalf
 - o signed and dated by an 'eligible witness' before 30 Nov 2020.
- Section 9: Witness's certificate** has:
 - o the name of the 'eligible witness' recorded
 - o one box in sections (b) and (e) ticked
 - o 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 if the person is nominating an enduring power of attorney (EPOA) for health and personal matters in the AHD document.

- Section 7: Appointing an attorney for personal health matters** has the:
 - o name of the principal and name of attorney/s entered.
- Section 10: Attorney's acceptance** has:
 - o at least one attorney (named in Section 7) has:
 - ticked all boxes
 - signed and dated the attorney's acceptance.

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.

	<p>Step 1: <i>This form is completed by an interpreter/translator if they acted as an interpreter/translator when the AHD or EPOA was signed.</i></p>	<p>The following are complete:</p> <p>Interpreter's/Translator's statement includes the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> name of the document i.e. EPOA or AHD for which this Statement applies <input type="checkbox"/> name of the translator and the language used in translating the document <input type="checkbox"/> translator signature and their qualifications (Note: The interpreter/translator must be registered with the National Accreditation Authority for Translators and Interpreters) <input type="checkbox"/> signature of the same 'eligible witness' who certified that the EPOA/AHD document was signed in their presence and the adult (principal) appeared to them to have capacity, and is dated. Note: This step will require checking the document for which this Statement applies.
<p>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.</p>		

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.

	<p>Step 1:</p> <p>Step 2:</p>	<p>All the following are complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Part 1: Statement revoking the appointment of an attorney or attorneys has: <ul style="list-style-type: none"> ○ the name of the principal completed ○ the date of the EPOA document to be revoked ○ the name/s of attorney/s to be revoked. <input type="checkbox"/> Part 2: Statement of understanding has been: <ul style="list-style-type: none"> ○ signed by the principal or an 'eligible signer' on the adult's behalf ○ signed and dated by an 'eligible witness'. <input type="checkbox"/> If Part 2 has been signed by an "eligible signer" on the adult's behalf, then check that Part 3: Witness's certificate has: <ul style="list-style-type: none"> ○ one box in sections (a), (c) and (d) ticked ○ been signed by an 'eligible witness'. <p>That the following sections are included in the document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Part 1: Statement revoking the appointment of an attorney or attorneys <input type="checkbox"/> Part 2: Statement of understanding <input type="checkbox"/> Part 3: Witness's certificate.
<p>If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.</p>		

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 **may or may not** 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 the revocation

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.