Checklist for enduring ACP documents to be uploaded to The Viewer

In addition to the Statement of Choices, the Office of Advance Care Planning (ACP) can upload the following to The Viewer:

- 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 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 enduring documents to the Office of ACP, you are encouraged to check that they are legible and meet the 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 you (as the sender) will be notified of these issues. You may be able to address these identified document issues, although this will be dependent on legislative requirements. At times this may involve contact with the eligible witness or nominated attorney/s.

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

The following steps show the criteria used in the review of an EPOA Short Form (Form 2) and determination of documents uploaded to The Viewer by the Office of ACP.

**Step 1:**

Check all the following are complete:

- 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 signed and dated by an ‘eligible signer’ on the adult’s behalf)
  - signed and dated by an ‘eligible witness’.

- s9 Witness’s certificate has:
  - the name of the ‘eligible witness’ recorded
  - one box in sections (a), (c) and (d) ticked
  - been signed and dated by an ‘eligible witness’.

- s10 Attorney’s acceptance has:
  - at least one attorney (named in s1) who has:
    - ticked all boxes
    - signed and dated the attorney’s acceptance.

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

**Step 2:**

That 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.

Note: The 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.
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2. Enduring Power of Attorney (EPOA) Long Form—Form 3

The following steps show the criteria used in the review of an EPOA Long Form (Form 3) and determination of documents uploaded to The Viewer by the Office of ACP.

Check all the following are complete:

**Step 1:**
- Form 1: Appointing an attorney for personal/health matters has the name of the:
  - principal completed
  - attorney/s entered.
- s6 Statement of understanding has been:
  - signed by the adult person (or signed and dated by an ‘eligible signer’ on the adult’s behalf)
  - signed and dated by an ‘eligible witness’.
- s7 Certificate of witness to Form 1 has:
  - the name of the ‘eligible witness’ recorded
  - one box in sections (a) and (c) ticked
  - been signed and dated by an ‘eligible witness’.
- Form 3 Attorney’s acceptance s16, s17 or s18 has:
  - at least one attorney (named in Form 1) who has:
    - ticked all boxes
    - signed and dated the attorney’s acceptance.

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

**Step 2:**
That the following sections are included in the document:
- Form 1: Appointing an attorney for personal/health matters
  - s6 Statement of understanding
  - s7 Certificate of Witness to Form 1
- Form 2: Appointing an attorney for financial matters
  - s14 Statement of understanding
  - s15 Certificate of Witness to Form 2
- Form 3: Attorney’s Acceptance s19, s20 or s21.

**Step 3:**
- Form 2: Appointing an attorney for financial matters has:
  - the name of the principal completed
  - the name/s of the attorney/s entered.
- s14 Statement of understanding—has been:
  - signed by the adult person (or signed and dated by an ‘eligible signer’ on the adult’s behalf)
  - signed and dated by an ‘eligible witness’.
- s15 Certificate of witness to Form 2 has:
  - been signed and dated by an ‘eligible witness’
  - one box in sections (a) and (c) ticked.
- 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 the attorney’s acceptance.

Note: If Steps 1 and 2 are met, but the 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 financial matters within this document.
### 3. Advance Health Directive (AHD)—Form 4

The following steps show the criteria used in the review of an [AHD (Form 4)](https://www.health.qld.gov.au) and determination of documents uploaded to The Viewer by the Office of ACP.

<table>
<thead>
<tr>
<th>Step 1:</th>
<th>Check all of the following are complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Section 1: Your details—has the name of the principal completed</td>
<td></td>
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<tr>
<td>☐ Section 5: Doctors involvement—has been signed and dated by a doctor</td>
<td></td>
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<tr>
<td>☐ Section 8: Statement of understanding and signature—has been:</td>
<td></td>
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<tr>
<td></td>
<td>○ signed by the adult person (or signed and dated by an ‘eligible signer’ on the adult’s behalf)</td>
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<tr>
<td></td>
<td>○ signed and dated by an ‘eligible witness’.</td>
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<tr>
<td>☐ Section 9: Witness’s certificate has:</td>
<td></td>
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<tr>
<td></td>
<td>○ the name of the ‘eligible witness’ recorded</td>
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<tr>
<td></td>
<td>○ one box in sections (b) and (e) ticked</td>
</tr>
<tr>
<td></td>
<td>○ been signed by an ‘eligible witness’.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Step 2:</th>
<th>That the following sections are included in the document:</th>
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</thead>
<tbody>
<tr>
<td>☐ Section 1: Your Details</td>
<td></td>
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<tr>
<td>☐ Section 2: General instructions</td>
<td></td>
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<tr>
<td>☐ Section 3: Terminal, incurable, or irreversible conditions</td>
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<tr>
<td>☐ Section 4: Personal Statement</td>
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<tr>
<td>☐ Section 5: Doctor involvement</td>
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<tr>
<td>☐ Section 6: Enduring power of attorney for personal/health matters</td>
<td></td>
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<tr>
<td>☐ Section 7: Appointing an attorney for personal/health matters</td>
<td></td>
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<tr>
<td>☐ Section 8: Statement of understanding and signature</td>
<td></td>
</tr>
<tr>
<td>☐ Section 9: Witness’s certificate</td>
<td></td>
</tr>
<tr>
<td>☐ Section 10: Attorney’s acceptance</td>
<td></td>
</tr>
<tr>
<td>☐ Section 11: Review of this document</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Step 3:</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Section 7: Appointing an attorney for personal health matters has the:</td>
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<tr>
<td></td>
<td>○ name of the principal and name of attorney/s entered.</td>
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<tr>
<td>☐ Section 10: Attorney’s acceptance has:</td>
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<tr>
<td></td>
<td>○ at least one attorney (named in Section 7) has:</td>
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</table>
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4. Interpreter’s/Translator’s statement—Form 7 (attachment to AHD/EPOA)

The following steps show the criteria for an Interpreter’s/Translator’s statement (Form 7) to be uploaded to The Viewer by the Office of ACP.

If Step 1 criteria are met, the document can be uploaded to The Viewer, attached to related AHD or EPOA.

Check all the following are complete:

**Interpreter’s/Translator’s statement** includes the:

- name of the document i.e. EPOA or AHD for which this Statement applies
- name of the translator and the language used in translating the document
- translator signature and their qualifications (Note: The interpreter/translator must be registered with the National Accreditation Authority for Translators and Interpreters)
- 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.

5. Revocation of an EPOA—Form 6

The following steps show the required minimum criteria for the Revocation of an EPOA (Form 6) to be uploaded to The Viewer by the Office of ACP.

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

Check all the following are complete:

**Step 1:**

- **Part 1: Statement revoking the appointment of an attorney or attorneys** has:
  - the name of the person (principal)
  - 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 adult person (or signed and dated by an ‘eligible signer’ on the adult’s behalf)
  - signed and dated by an ‘eligible witness’.

  **If Part 2 has been signed and dated by an “eligible signer” on the adults 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
6. Revocation of an AHD

The following steps show the required minimum criteria for a Revocation of an AHD to be uploaded to The Viewer by the Office of ACP.

Note: There is no specified format for a revocation of an AHD document (s49 POA Act 1998)

Check all the following are complete:

- the name of the person (principal)
- the date of the AHD document to be revoked
- the document has been:
  - signed by the adult person 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 and dated by an ‘eligible signer’ on the adult’s behalf, and if so, **must** include a certificate signed by an ‘eligible 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.