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Enduring Power of Attorney
Personal and Health Matters
(Queensland)

Medical Power of Attorney by
Thomas Michael Chan

Each State has its own Medical Power of Attorney.

This is a sample document of the Queensland Enduring Power of Attorney for Personal and Health Matters. When you select another jurisdiction the document will be built for that State.

We have a 100% money back guarantee. For any reason you can return the document to us for a full refund.

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Dr Brett Davies

Partner

**Legal Consolidated Barristers &
Solicitors**

Legal Consolidated's Reference: bkd:13772
Your Reference: CR1350

Enduring Power of Attorney from Thomas Michael Chan

This Enduring Power of Attorney is made pursuant to the Powers of Attorney Act 1998 (QLD).

- I, Thomas Michael Chan, ('the principal') of 7 Boundary Street, Brisbane, Queensland 4000 Australia appoint Katherine Anna Chan of 7 Boundary Street, Brisbane, Queensland 4000 Australia, Sabrina Pamela Chan of 7 Boundary Street, Brisbane, Queensland 4000 Australia, and Cadence Paloma Weng of 26 Market Street, Newmarket, Queensland 4051 Australia as attorneys for the principal in relation to my personal/health matters.
- I appoint Daniella Jessica Baker of 175 Albert Street, Brisbane, Queensland 4000 Australia, Daniel Joseph Baker of 175 Albert Street, Brisbane, Queensland 4000 Australia, and Margaret Edna Anderson of 34 Albert Street, Brisbane, Queensland 4076 Australia as alternative attorneys for the principal in the event of me being unable to fulfil the obligations under this enduring power of attorney. These alternative attorneys are to be appointed jointly.

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On law firm's website you:

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3. receive legal advice

4. get a signed letter on our law firm's letterhead with the legal document.

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Dr Brett Davies, Partner

STATEMENT OF UNDERSTANDING



- I fully understand that, by signing this document mentioned in Clauses 1 and 2 to make decisions in relation to my personal/health matters.
- I understand that I may specify or limit the powers of the attorney about the exercise of the power.
- I understand that this gives the attorney power to lawfully do myself in relation to these matters under this form.
- I understand that, because of the Act, the enduring power of attorney in Clauses 1 and 2 begins at the time stated in Clause 1 and I am of full legal capacity.
- I understand that I may change or revoke this enduring power of attorney at any time so long as my power to make such a decision is not impaired—in other words, so long as I am capable of making another enduring power of attorney.

Signed:

 _____

Date: ___/___/___

Thomas Michael Chan - usual signature

Authorised Witness	
Signature	
Full Name Print	

Certificate of Witness to Enduring Power of Attorney from Thomas Michael Chan

Your role goes beyond ensuring that the signature of the principal (the person giving the power) is genuine. You certify that the principal appeared to understand the matters stated in the Statement of understanding (within this document). In the principal's capacity to understand these about the principal's capacity, you should meet with a doctor.

It is strongly recommended that, if you are asked to attend court proceedings and of any questions you asked

Complete this form by writing on the lines and

I,
[Print your name]
state that—

- (a) I am a:
 - justice of the peace
 - commissioner for declarations
 - lawyer
 - notary public,

- (b) I am not:
 - an attorney for the principal
 - or a relation of the principal or of the principle's ,

- (c) (Tick **one box only**)
 - the principal signed this enduring power of attorney in my presence
 - in my presence, the principal instructed a person to sign this enduring power of attorney for the principal, and that person signed it in my presence and in the presence of the principal

and

- (d) at the time that this enduring power of attorney was signed, the principal appeared to me to understand the matters stated in the 'Statement of Understanding' within this document.

How to build this document:

1. **Register** – for free
2. **Build** – get legal advice as you build. Pay for the document with your credit card.
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Statement of Acceptance of Appointment

As attorney, you complete the section of this form that applies to you by ticking the boxes and writing on the lines. If you are not able to tick all the boxes truthfully, then you must not accept this appointment as attorney.

ACCEPTANCE BY ATTORNEY FOR HEALTH MATTERS

I, Katherine Anna Chan, state that:

- I am eighteen or over,
- I am not a current paid carer of the principal,
- I am not a current health-care provider for the principal,
- I have read all Clauses of this document, giving me enduring power of attorney for health matters,
- I understand that, by signing this document, I take on the responsibility of exercising the power I have been given in the document,
- I also understand that I must exercise the power in accordance with the *Powers of Attorney Act 1998* (QLD) and the *Guardianship and Administration Act 2000* (QLD)



Katherine Anna Chan - usual signature

Date: ____/____/____

Statement of Acceptance of Appointment

As attorney, you complete the section of this form that applies to you by ticking the boxes and writing on the lines. If you are not able to tick all the boxes truthfully, then you must not accept this appointment as attorney.

ACCEPTANCE BY ATTORNEY FOR HEALTH MATTERS

I, Sabrina Pamela Chan, state that:

- I am eighteen or over,
- I am not a current paid carer of
- I am not a current health-care p
- I have read all Clauses of this c
health matters,
- I understand that, by signing th
exercising the power I have be
- I also understand that I must ex
Attorney Act 1998 (QLD) and th
(QLD)



Sabrina Pamela Chan - usual signatur

An Enduring Power of Attorney for Personal and Health Matters - otherwise more commonly known as a 'Medical Power of Attorney' allows a person to appoint someone to make personal, lifestyle and medical decisions.

The Medical Power of Attorney is about your body, lifestyle and medical choices.

All States have a Medical POA. Choose which State you mostly live in. If you live in two states then you need two Medical POAs, one for each State.

Build the legal document at

legalconsolidated.com.au - telephone us. We can help you complete the questions.

Dr Brett Davies, Partner

Statement of Acceptance of Appointment

As attorney, you complete the section of this form that applies to you by ticking the boxes and writing on the lines. If you are not able to tick all the boxes truthfully, then you must not accept this appointment as attorney.

ACCEPTANCE BY ATTORNEY FOR HEALTH MATTERS

I, Cadence Paloma Weng, state that:

- I am eighteen or over,
- I am not a current paid carer of the principal,
- I am not a current health-care provider for the principal,
- I have read all Clauses of this document, giving me enduring power of attorney for health matters,
- I understand that, by signing this document, I take on the responsibility of exercising the power I have been given in the document,
- I also understand that I must exercise the power in accordance with the *Powers of Attorney Act 1998 (QLD)* and the *Guardianship and Administration Act 2000 (QLD)*



Cadence Paloma Weng - usual signature

Date: ____/____/____

Statement of Acceptance of Appointment

As alternative attorney, you complete the section of this form that applies to you by ticking the boxes and writing on the lines. If you are not able to tick all the boxes truthfully, then you must not accept this appointment as alternative attorney.

ACCEPTANCE BY ALTERNATIVE ATTORNEY

I, Daniella Jessica Baker, state that:

- I am eighteen or over,
- I am not a current paid carer of the person,
- I am not a current health-care provider,
- I have read all Clauses of this document relating to health matters,
- I understand that, by signing this document, I am exercising the power I have been given,
- I also understand that I must exercise the power in accordance with the Powers of Attorney Act 1998 (QLD) and the Guardianship and Administration Act 2000 (QLD)


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legalconsolidated.com.au – telephone us. We can help you complete the questions.

 _____

Daniella Jessica Baker - usual signature

Date: ____/____/____

Statement of Acceptance of Appointment

As alternative attorney, you complete the section of this form that applies to you by ticking the boxes and writing on the lines. If you are not able to tick all the boxes truthfully, then you must not accept this appointment as alternative attorney.

ACCEPTANCE BY ALTERNATIVE ATTORNEY FOR HEALTH MATTERS

I, Daniel Joseph Baker, state that:

- I am eighteen or over,
- I am not a current paid carer of the principal,
- I am not a current health-care provider for the principal,
- I have read all Clauses of this document, giving me enduring power of attorney for health matters,
- I understand that, by signing this document, I take on the responsibility of exercising the power I have been given in the document,
- I also understand that I must exercise the power in accordance with the *Powers of Attorney Act 1998 (QLD)* and the *Guardianship and Administration Act 2000 (QLD)*



Daniel Joseph Baker - usual signature

Date: ____/____/____

Statement of Acceptance of Appointment

As alternative attorney, you complete the section of this form that applies to you by ticking the boxes and writing on the lines. If you are not able to tick all the boxes truthfully, then you must not accept this appointment as alternative attorney.

ACCEPTANCE BY ALTERNATIVE ATTORNEY FOR HEALTH MATTERS

I, Margaret Edna Anderson, state that:

- I am eighteen or over,
- I am not a current paid carer of the principal,
- I am not a current health-care provider for the principal,
- I have read all Clauses of this document, giving me enduring power of attorney for health matters,
- I understand that, by signing this document, I take on the responsibility of exercising the power I have been given in the document,
- I also understand that I must exercise the power in accordance with the *Powers of Attorney Act 1998 (QLD)* and the *Guardianship and Administration Act 2000 (QLD)*



Date: ____/____/____

Margaret Edna Anderson - usual signature

Your Reference: CR1350
Our Reference: bkd:13772
Enquiries: Dr Brett Davies
Direct Telephone: 08 6389 0400
Email: brett@legalconsolidated.com



**39 Stirling Highway
Nedlands WA 6009**

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Dalkeith WA 6009

T: 08 6389 0100

legalconsolidated.com

Friday, 30 September 2016

Thomas Michael Chan
7 Boundary Street
Brisbane QLD 4000
Australia

Your Medical Power of Attorney

Dear Thomas,

Thank you for building your Medical Power of Attorney on our website.

When you are satisfied that the document is according to your instructions please print out two copies and arrange for all parties to sign and date all copies of the document.

What is a Medical Power of Attorney?

This document is designed to empower you to decide how your future personal, lifestyle and healthcare decisions are made, if you become unable to make those decisions yourself.

Wouldn't my spouse make my decisions for me?

The Medical Power of Attorney gives greater rights. If you wish your spouse, de facto partner, children or others you choose to make your decisions if you become unable, then you should name them as your guardian. If you want it to be someone else, name them instead.

When does the document come into effect?

This document ONLY comes into effect when you have lost capacity to make decisions for yourself such as being in an accident. There are no circumstances where it would be used while you are still able to make reasonable judgements about the matters covered by this document.

Get a Doctor's Certificate to say you are of sound mind.

Get a Doctor's Certificate to say you are of sound mind. You must have full legal capacity to sign this document. Ask your doctor to give you a written note to say you are of sound mind. Keep the Doctor's note with the Medical Power of Attorney. Without a Doctor's note your Medical Power of Attorney may not be valid.

What decisions can the person receiving my Medical Power of Attorney make?

The person or persons you have appointed can make personal, lifestyle and health care decisions.

Some of these decisions can include:

- where you live, whether permanently or temporarily
- who you live with
- whether you work and under what circumstances
- consent to or refuse any medical, surgical or dental treatment or other health care – this includes palliative care and life-sustaining measures
- what education and training you receive

Making copies

Don't let the original Medical Power of Attorney out of your hands. Ask whoever needs it to take a copy. They can then "certify" (confirm it is a true copy) the document and keep the copy on file. Get your original document back.

Can the person receiving my Medical Power of Attorney override my wishes?

By law it can only be used for **your best interests**. It can't be used to benefit anyone else. It is in place to protect you. If you lose confidence in your guardian then you need to revoke the Medical Power of Attorney, if you are still of sound mind.

Can I revoke this document?

While you are of sound mind you can revoke this document at any time. If you are of unsound mind then, obviously, you can't make any such decisions. While you are of unsound mind you can't revoke a legal document such as this one. Your document is revoked at death. (Conversely, your Will only takes effect at death.) The court system can also revoke this document.

How do I revoke this document?

Firstly, tear up as many copies (originals and photocopies) as you can get your hands on. Build a Revocation of a Power of Attorney and letter at our website. You then complete and sign the letter and send it registered mail to your Guardian telling them that the Power of Attorney is revoked and ask for all copies to be posted back to you (if any). It is then illegal if they use your Medical Power of Attorney.

What happens if I separate, divorce or get married?

Changing your status does not affect the Medical Power of Attorney.

Can the person receiving my Medical Power of Attorney resign?

Yes they can, but only if you are still of sound mind. If you are of unsound mind then it is too late for them to resign.

If I can further clarify the above, you are welcome to contact me on my direct telephone number (08) 6389 0400.

Yours sincerely,



Dr Brett Davies, CTA, AIAMA, BJuris, LLB, Dip Ed, BArts(Hons), LLM, MBA, SJD
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