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Your Reference: JSmith Advanced Care Directive
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Monday, 18 March 2019

Jessica Smith
21 Saint Street
Castlemaine VIC 3450
Australia

Your Medical Power of Attorney

Dear Jessica,

Thank you for building your Medical Power of Attorney.

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.

Who can witness my POA?

The 2 witnesses must be present in the room when you sign your POA. The steps are:

1. Find someone that is authorised to witness affidavits (see the attached list). They are your first witness.
2. Next, find your second witness. This can be a person who is: over 18 years of age, of sound mind and (if possible) have an address in Australia. The witness can't be related to you or have any chance of being related to you (eg it can't be your son's girlfriend because your son could marry that person and then you would be related to the witness). Obviously, the witness can't be one of your Attorneys. The best witnesses are 'strangers' or the 'next door neighbour'.
3. Attorneys you have appointed must leave the room.
4. Get your 2 witnesses and yourselves in a room with at least 2 identical blue pens. Lock all the doors so that none of you leave the room. If you or either of your witnesses leave the room during the signing process then tear up the POA and print out another copy of the POA and start the POA signing process again.
5. If you or either of your witnesses need reading glasses, then don't sign the POA until you or your witnesses put on those glasses.
6. With a blue pen you sign your POAs. After you have signed your POA both witnesses (WITH THE SAME BLUE PEN) sign the POA. If you signed with different coloured pens (eg a dark blue and a light blue) then tear up the POAs. Print out new POAs and start the process again.
7. Date the POA the date the POA is signed.
8. If you have issues reading English, then let me know. An interpreter may be required.

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?

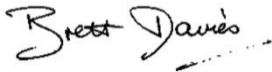
Changing your status does not affect the Medical Power of Attorney.

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, please contact me on my direct telephone number 1800 141 612.

Yours sincerely,



Adjunct Professor, Dr Brett Davies, CTA, AIAMA, BJuris, LLB, LLM, MBA, SJD
LEGAL CONSOLIDATED BARRISTERS & SOLICITORS



Appointment of medical treatment decision maker (long)

made under the *Medical Treatment Planning and Decisions Act 2016* (Vic.)

Your medical treatment decision maker has legal authority to make decisions on your behalf, if you do not have decision-making capacity to make the decision.
Your medical treatment decision maker is the first person available, and willing and able to make the decision. Only a person who is willing and able to make the decision can be appointed as your medical treatment decision maker.

For patient use only
UR n

Each state has its own Medical Power of Attorney. In some states it is also known as an Advanced Care Directive. This is a sample document of the Advanced Care Directive for Victoria.

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

Part 1: Personal details

Before you start, read the checklist of steps with this form.
You must fill in your full name, date of birth and address. A phone number is optional.

Your full name:	Jessica Smith	
Date of birth: (dd/mm/yyyy)	04/03/1936	
Address:	21 Saint Street, Castlemaine, Victoria 3450 Australia	
Phone number:	0431172214	

Part 2: Medical treatment decision maker details

This form allows you to appoint up to four people.

I **revoke** any other previous appointment of a medical treatment decision maker however described.

I **appoint** as my medical treatment decision maker(s):

Fill in the details of your first medical treatment decision maker here.

Medical treatment decision maker 1

Full name:	Greg Smith	
Date of birth: (dd/mm/yyyy)	04/02/1964	
Address:	54 Park Street Fitzroy North Victoria 3068 Australia	
Phone number:	0457712231	

Fill in the details of your second medical treatment decision maker here.
Cross out this section if you are not appointing a second medical treatment decision maker.

Medical treatment decision maker 2

Full name:	Sam Northwood	
Date of birth: (dd/mm/yyyy)	13/10/1970	
Address:	6 Tree Street Waurin Ponds Victoria 3216 Australia	
Phone number:	0422121654	

Build the legal document at legalconsolidated.com.au – telephone us. We can help you complete the questions.

Adjunct Professor, Dr Brett Davies- Partner

Appointment of medical treatment decision maker



Appointment of medical treatment decision maker (long) (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Appointment by: (insert your full name)	Jessica Smith
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Medical treatment decision maker 3

Fill in the details of your third medical treatment decision maker here.
Cross out this section if you are not appointing a third medical treatment decision maker.

Full name:	Lucy Smart
Date of birth: (dd/mm/yyyy)	09/08/1966
Address:	76 Pitt Street West Footscray Victoria 3012 Australia
Phone number:	0462212158

Medical treatment decision maker 4

Fill in the details of your fourth medical treatment decision maker here.
Cross out this section if you are not appointing a fourth medical treatment decision maker.

Full name:	
Date of birth: (dd/mm/yyyy)	
Address:	
Phone number:	

Part 3: Any limitations or conditions (optional)

No limitations

You can appoint up to 4 Medical treatment decision makers. The state of Victoria does not allow for Substitute medical treatment decision makers.



Appointment of medical treatment decision maker (long) (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Appointment by: (insert your full name)	Jessica Smith
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Part 4: Witnessing

You must sign in front of two adult witnesses.

One witness must be a registered medical practitioner or able to witness affidavits. See justice.vic.gov.au/affidavit for list.

Neither witness can be an appointed medical treatment decision maker for you.

Refer to the checklist if someone else is signing on your behalf.

Signature of person making this appointment (you sign here)

Each witness certifies that:

- at the time of signing the document, the person making this appointment appears to have decision-making capacity and appears to understand the nature and consequences of making the appointment and revoking any previous appointment; and
- at the time of signing the document, the person making this appointment appeared to freely and voluntarily sign the document; and
- the person signed the document in my presence and in the presence of a second witness; and
- I am not the person's medical treatment decision maker under this appointment.

Witness 1 – Authorised witness

A registered medical practitioner or someone able to witness affidavits must complete this section.

Full name of authorised witness:

Qualification of authorised witness

Signature of authorised witness:

A Medical Power of Attorney – otherwise known as an Advanced Care Directive allows a person to appoint someone to make personal, lifestyle and medical decisions.

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.

Witness 2 – Adult witness

Another adult witness must complete this section.

Full name of adult witness:

Signature of adult witness:

Date: (dd/mm/yyyy)

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Appoint decision maker (long)



Appointment of medical treatment decision maker (long) (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Appointment by: (insert your full name)	Jessica Smith
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If an interpreter is present when this document is witnessed

If an interpreter is present at the time the document is witnessed, they complete this section immediately after the document is witnessed.

Name of interpreter:

If accredited with the National Accreditation Authority

NAATI number:	<input type="text"/>
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I am competent to interpret from English into the following language:

I provided a true and correct interpretation to facilitate the witnessing of the document.

Signature of interpreter:	Date: (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Part 5: Interpreter statement

If an interpreter assisted in the preparation of this document

If an interpreter assisted you in preparing this document, the interpreter completes this part.
Cross out Part 5 if not relevant.

I interpreted in the following language:

When I interpreted into this language the person appeared to understand the language used in the document.

Name of interpreter:

NAATI number (if accredited):	<input type="text"/>
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Signature of interpreter:	Date: (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>



Appointment of medical treatment decision maker (long) (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Appointment by: (insert your full name)	Jessica Smith
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Part 6: Statement of acceptance

Each medical treatment decision maker you appoint must read the statement of acceptance and sign in front of an adult witness.

Your first medical treatment decision maker must read this statement of acceptance and sign in front of an adult witness.

Medical treatment decision maker 1

I accept my appointment as medical treatment decision maker and state that:

- I understand the obligations of an appointed medical treatment decision maker; and
- I undertake to act in accordance with any known preferences and values of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality; and
- I have read and understand any advance care directive that the person has given before, or at the same time as, this appointment.

Name of medical treatment decision maker:

Greg Smith

Signature of medical treatment decision maker: Date: (dd/mm/yyyy)

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Witness completes this section.

I certify that I witnessed the signing of this statement of acceptance.

Name of adult witness:

--

Signature of adult witness:

Date: (dd/mm/yyyy)

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Appointment of medical treatment decision maker (long)



Appointment of medical treatment decision maker (long) (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Appointment by: (insert your full name)	Jessica Smith
--	---------------

Part 6: Statement of acceptance (cont.)

Medical treatment decision maker 2

If you appoint a second medical treatment decision maker, they must read this statement of acceptance and sign in front of an adult witness.
Cross out this section if you are not appointing a second medical treatment decision maker.

I accept my appointment as medical treatment decision maker and state that:

- I understand the obligations of an appointed medical treatment decision maker; and
- I undertake to act in accordance with any known preferences and values of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality; and
- I have read and understand any advance care directive that the person has given before, or at the same time as, this appointment.

Name of medical treatment decision maker:

Sam Northwood

Signature of medical treatment decision maker: Date: (dd/mm/yyyy)

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Build the legal document at legalconsolidated.com.au – telephone us. We can help you answer the questions.

Witness completes this section.

I certify that I witness

Name of adult witness

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Signature of adult witness

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On our law firm's website, you:

- 1. Retain legal professional privilege*
- 2. Benefit from the law firm's professional indemnity insurance*
- 3. Receive legal advice*
- 4. Get a signed letter on our law firm's letterhead with the legal document*

Only a law firm provides the above. We also offer a 100% money back guarantee on every document you build.

Adjunct Professor, Dr Brett Davies- Partner



Appointment of medical treatment decision maker (long) (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Appointment by: (insert your full name)	Jessica Smith
--	---------------

Part 6: Statement of acceptance (cont.)

Medical treatment decision maker 3

If you appoint a third medical treatment decision maker, they must read this statement of acceptance and sign in front of an adult witness.

Cross out this section if you are not appointing a third medical treatment decision maker.

I accept my appointment as medical treatment decision maker and state that:

- I understand the obligations of an appointed medical treatment decision maker; and
- I undertake to act in accordance with any known preferences and values of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality; and
- I have read and understand any advance care directive that the person has given before, or at the same time as, this appointment.

Name of medical treatment decision maker:

Lucy Smart

Signature of medical treatment decision maker: Date: (dd/mm/yyyy)

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Witness completes this section.

I certify that I witnessed the signing of this statement of acceptance.

Name of adult witness:

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Signature of adult witness:

Date: (dd/mm/yyyy)

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Appointment of medical treatment decision maker (long)



Appointment of medical treatment decision maker (long) (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Appointment by: (insert your full name)	Jessica Smith
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Part 6: Statement of acceptance (cont.)

Medical treatment decision maker 4

If you appoint a fourth medical treatment decision maker, they must read this statement of acceptance and sign in front of an adult witness.

Cross out this section if you are not appointing a fourth medical treatment decision maker.

I accept my appointment as medical treatment decision maker and state that:

- I understand the obligations of an appointed medical treatment decision maker; and
- I undertake to act in accordance with any known preferences and values of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality; and
- I have read and understand any advance care directive that the person has given before, or at the same time as, this appointment.

Name of medical treatment decision maker:

Signature of medical treatment decision maker: Date: (dd/mm/yyyy)

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Witness completes this section.

I certify that I witnessed the signing of this statement of acceptance.

Name of adult witness:

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Signature of adult witness:

Date: (dd/mm/yyyy)

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You have reached the end of this form.

- Please keep your original 'Appointment of medical treatment decision maker' form safe and accessible for when it is needed.
- It is recommended your medical treatment decision maker has read and understood the contents of your advance care directive (if any).
- Your 'Appointment of medical treatment decision maker' form and advance care directive can be uploaded on MyHealth Record and it is recommended copies be shared with your appointed medical treatment decision maker and relevant health practitioner(s) / health service(s).

Persons who may witness statutory declarations

Who can witness a Victorian Medical Power of Attorney?

Two witnesses are required. Both must be 18 years of age or older. One must be someone authorised to witness statutory declarations.

Under Section 107A of the *Evidence (Miscellaneous Provisions) Act 1958* (Vic), (previously *Evidence Act 1958* (Vic)), the list of persons who may witness statutory declarations includes:

- Doctor
- Dentist
- Vet
- Chemist
- Bank Manager
- a justice of the peace or a bail justice
- a public notary
- an Australian lawyer (within the meaning of the *Legal Profession Act 2004*)
- a clerk to an Australian lawyer
- the prothonotary or a deputy prothonotary of the Supreme Court, the registrar or a deputy registrar of the County Court, the principal registrar or a registrar or deputy registrar of the Magistrates' Court or the principal registrar or a registrar or deputy registrar of the Children's Court
- the registrar of probates or an assistant registrar of probates
- the associate to a judge of the Supreme Court or of the County Court
- the associate of an Association Judge of the Supreme Court or of an associate judge of the County Court
- a person registered as a patent attorney under Chapter 20 of the *Patents Act 1990* of the Commonwealth
- a police officer
- the sheriff or a deputy sheriff
- a member or former member of either House of the Parliament of Victoria
- a member or former member of either House of the Parliament of the Commonwealth
- a councillor of a municipality
- a senior officer of a Council as defined in the *Local Government Act 1989*
- a principal within the meaning of the *Education and Training Reform Act 2006*
- a person who holds a prescribed membership of a prescribed accounting body or association
- the secretary of a building society
- a minister of religion authorised to celebrate marriages
- a Victorian Inspectorate Officer within the meaning of the *Victorian Inspectorate Act 2006*
- a person employed under Part 3 of the *Public Administration Act 2004* in a prescribed classification to which this section applies
- an Independent Broad-based Anti-corruption Commission officer
- a fellow of the Institute of Legal Executives (Victoria).

Both witnesses must:

- not be an attorney under the Power of Attorney
- not be a person who is signing at the direction of the principal (becoming an enduring power of attorney themselves).

In addition, the witness must:

- not be a relative of the principal or relative of the supportive attorney
- not be a care worker or accommodation provider for the principal

How you witness the document is set out in our Letter of Advice which comes with the document you are building.

Build the legal document at legalconsolidated.com.au – telephone us. We can help you complete the questions.

Adjunct Professor, Dr Brett Davies- Partner