



Advance Health Directive Witness Checklist Guide

Check you are qualified to witness

- Be a Justice of the Peace/Commissioner of Declarations/Notary Public/Lawyer with a current practising certificate and,
- NOT be the person signing the document for the principal and,
- NOT be an attorney of the principal and,
- NOT be a relation of the principal (Note: relation means a person who is related by blood, marriage, adoption or as a result of a de facto relationship or relationship arising because of a legal arrangement) and,
- NOT be a relation of an attorney (Note: relation means a person who is related by blood, marriage, adoption or as a result of a de facto relationship or relationship arising because of a legal arrangement) and,
- NOT be a paid carer or healthcare provider for the principal (where appointed for personal matters).

2. Explanation Explain to the Principal the following:

- that the attorney's power starts only after the principal has lost capacity for decision making
- that the attorney will be able to assume authority to the extent indicated over the principal's health affairs (such as health care, where the adult lives and with whom, and day-to-day issues)
- that the attorney will be able to do anything that the principal can do, and
- that if the principal loses decision-making ability, the power to the attorney will be irrevocable.

3. Check the Document Prior to Assessing Capacity

- | | |
|---|---|
| <input type="checkbox"/> Section 2 Completed and/or zed out blank spaces | <input type="checkbox"/> Section 5 Doctor certificate current |
| <input type="checkbox"/> Section 3 Completed and/or zed out blank spaces | <input type="checkbox"/> Section 6 Appoint attorney or crossed out |
| <input type="checkbox"/> Section 4 Directions page 5-6, a box ticked | <input type="checkbox"/> Section 6 Decision making, terms completed and/or zed out blank spaces |
| <input type="checkbox"/> Section 4: Directions page 6 a box ticked each section and/or zed out blank spaces | <input type="checkbox"/> Section 7: complete or zed out person acting |
| <input type="checkbox"/> Blood Transfusions box selected | <input type="checkbox"/> Section 8 not pre-signed by attorney |

4. Capacity assessment

The Powers of Attorney Act 1998 [Sch 3] defines 'capacity' for an adult for a matter, as meaning the person is capable of—

- understanding the nature and effect of decisions about the matter; and
- freely and voluntarily making decisions about the matter; and
- communicating the decisions in some way

Name of Client

ID Sighted

Date of birth

Are there any indicators that cast doubt on the client's capacity? (for example, if the client is forgetful and unable to recall matters discussed throughout the meeting or if the client seems to be confused about the questions you are asking or the purpose of the discussion)

If yes, list indicators:

Sample Questions to Ask the Principal

When interviewing the principal, keep your questions 'open ended', not closed, record answers. Choose from the following suggested Questions: -

- | | |
|--|--|
| 1. What is an Advanced Health Directive (AHD)? | 8. Why can you have more than one attorney? |
| 2. Why do you want an AHD now? | 9. Why have you selected this person to be your attorney? |
| 3. Have you discussed this AHD with your doctor? | 10. When will the attorney's power for personal matters begin? |
| 4. Have you discussed this AHD with your family? | 11. How long does the attorney's power last? |
| 5. Can you cover all possible health -care decisions on this form? | 12. What should you do with the completed document? |
| 6. Are you able to give specific instructions to your attorney about decisions to be made? | |

7. Who can change or revoke the AHD?	13. How often should you update the AHD?		
Write Answers here:			
5. Your Assessment of Clients Capacity -Are you satisfied the principal understands:		Yes	No
Purpose and function of AHD?			
Has the Doctor signed Section 5?			
The nature and effect of the AHD			
That they may limit the power and instruct an attorney about the exercise of the power			
When the power begins			
The attorney will have full control over matters to which the AHD relates			
They may revoke the AHD at any time (if they have capacity)			
The powers continue once they lose capacity			
They will be unable to oversee the use of the power once they have lost capacity			
Has revocation of earlier AHD been signed and served on previous attorneys?			
Check documents properly signed			
<input type="checkbox"/> Section 7 (signed by principal) and witnessed – seal if will fit <input type="checkbox"/> Witness certificate (signed and sealed by JP or C.Dec)			
Witness Name			
Location:		Date	