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Your Reference: Medical Power of Attorney
Enquiries: Adj Professor, Dr Brett Davies
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Tuesday, 13 April 2022

Steven Galanos
12 Angus Street
Edwardstown SA 5039
Australia

Dear Steven,

Build this legal document at

<https://www.legalconsolidated.com.au/>

[medical-power-of-attorney-intro/](https://www.legalconsolidated.com.au/medical-power-of-attorney-intro/) -

telephone us, we can help you
complete the questions.

Adj Professor, Dr Brett Davies - Partner

Medical Power of Attorney

Thank you for instructing us to prepare the attached South Australian (SA) - Medical Power of Attorney – restricted to 'health matters (SA Medical Power of Attorney)

How to print your document

When you are satisfied that the document is according to your instructions please:

1. Download the PDF (Don't print directly from the browser.)
2. Print the PDF Printer settings: A4 paper
100% scale (turn off 'fit to page')
3. Print single sided (NOT duplex).
4. Once signed keep this covering letter with the document
(However, do not staple the covering letter to the document.)

What is a Medical Power of Attorney?

This document is called an Advance Care Directive. It 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 Advance Care Directive 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 your future healthcare and other personal matters.

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?

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

1. Find someone that is over 18 years of age, of sound mind and has an address in Australia. They must be authorised to witness affidavits (see the attached list). They are your first witness. The witness can't be related to you or have any chance of being related to you (e.g. 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'.
2. Attorneys you have appointed must leave the room.
3. Get your witness 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 your witness 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.
4. If you or your witness need reading glasses, then don't sign the POA until you or your witnesses put on those glasses.
5. With a blue pen you sign your POAs. After you have signed your POA your witness (WITH THE SAME BLUE PEN) must sign the POA. If you signed with different coloured pens (e.g. a dark blue and a light blue) then tear up the POAs. Print out new POAs and start the process again.
6. Date the POA the date the POA is signed.
7. If you have issues reading English, then let me know. An interpreter may be required.

How do I remove a section?

For every section that you do not want to include please mark the document as follows:

Part 5

Do not complete this Part unless an Interpreter was used.

If you did not use an Interpreter please draw a line diagonally across this Part.

Part 5: Interpreter statement

I, _____ certify that:
(Full name of Interpreter)

The Advance Care Directive Information Statement was given through me to _____ (name of person giving Advance Care Directive)

In my opinion he/she appeared to understand the information given.

The information recorded in this Advance Care Directive Form accurately reproduces in English the original information and instructions of the person.

Ph: _____ ☎

Signed: _____ Date: ___ / ___ / ___
(Signature of Interpreter)

Form approved by the Minister for Health pursuant to the Advance Care Directives Act 2013 (SA)

Your initial SP

Witness initial JW

4 of 4

Please ensure that the crossed out information is initialled by you and your witness.

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 via 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?

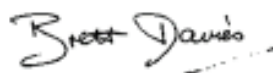
Changing your status does not affect the Medical Power of Attorney.

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.

This now concludes the matter. Thank you for your instructions.

Yours sincerely,



Adj Professor, Dr Brett Davies, CTA, AIAMA, BJuris, LLB, LLM, MBA, SJD
National Taxation Partner
LEGAL CONSOLIDATED BARRISTERS & SOLICITORS

Build the legal document at <https://www.legalconsolidated.com.au/medical-power-of-attorney-intro/> – telephone us. We can help you answer the questions.

On our law firm's website, you:

1. Retain legal professional privilege
2. Receive legal advice
3. Get a signed letter on our law firm's letterhead with the legal document
4. We take responsibility for the legal document

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

Adj Professor, Dr Brett Davies - Partner



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Advance Care Directive – South Australia (Medical Power of Attorney)

Steven Galanos



Advance Care Directive Form



Government of South Australia

By completing this Advance Care Directive you can choose to:

1. Appoint one or more Substitute Decision-Makers and/or
2. Write down your values and wishes to guide decisions about your future health care, end of life, living arrangements and other personal matters and/or
3. Write down health care you do not want in particular circumstances.

Part 1

You must fill in this Part.

Part 1: Personal Details

Name: Steven Galanos

(Full name of person giving (Advance Care Directive))

Address 12 Angus Street, Edwardstown SA 5039, Australia

Ph: Date of Birth: 14/04/1975

Part 2a

Your Substitute Decision-Maker fills in this section and must sign before you do.

You must provide the Substitute Decision-Maker with the Substitute Decision-Maker Guidelines prior to completing this section.

Your Substitute Decision-Maker fills in this section. →

If you did not fill in any of this Part please draw a large "Z" across the blank section.

Only fill in Part 2a if you want to appoint one or more Substitute Decision Makers

Part 2: Appointing Substitute Decision-Makers

I appoint: George Demopoulos

(Name of appointed Substitute Decision-Maker)

Address: 5 Hall Road, Moonee Ponds VIC 3039, A

Ph: Date of Birth: 12/11/1977

I, George Demopoulos

(Name of appointed Substitute Decision-Maker)

am over 18 year old, and I understand and accept responsibilities of being a Substitute Decision-Maker. I agree to the Substitute Decision-Maker Guidelines

Signed: _____

(Signature of appointed Substitute Decision-Maker)

Date: _____

Who looks after you, when you can't? The government, retirement home or doctors? Should they control your body? Do you trust your family more? If so make an Australian Medical POA.

Your initial: _____	Certification statement of JP stamp
Witness initial: _____	
Date: ___/___/___	

See page 15 for suggested certification statement



AND

(Name of appointed Substitute Decision-Maker)

am over 18 year old, and I understand and accept my role and responsibilities of being a Substitute Decision-Maker as set out in the Substitute Decision-Maker Guidelines

Signed: _____ Date: ___/___/___

(Signature of appointed Substitute Decision-Maker)

(Name of appointed Substitute Decision-Maker)

am over 18 year old, and I understand and accept my role and responsibilities of being a Substitute Decision-Maker as set out in the Substitute Decision-Maker Guidelines

Signed: _____

(Signature of appointed Substitute Decision-Maker)

Part 2b: Conditions of Appointment

If you have appointed one or more Substitute Decision-Makers, do you want them to make decisions together or separately? Please specify below:

The Guardianship POA allows you to appoint loved ones. If you lose mental capacity then they decide your:

- personal lifestyle
- where you live
- medical treatment

But only if you can't make decisions yourself.

Your initial: _____

Witness Initial: _____

Date ___/___/___

Part 2a

(cont.)

Your second Substitute Decision-Maker fills in this section and must sign before you do.

If you did not appoint a second or third Substitute Decision-Maker please draw a large "Z" across any blank sections

Part 2b

If you do not specify, your Substitute Decision-Makers will be able to make decisions either together or separately.

For more information see page 2 of the guide



Part 3

In this part you can write:

a) What is important to you

For more information and suggested statements see page 2 of the Guide.

b) Outcomes of care you wish to avoid

For more information and suggested statements see page 3 of the Guide.

c) Health care you prefer

For more information and suggested statements see page 4 of the Guide.

Please draw a large "Z" across any blank sections

Part 3: What is important to me – my values and wishes

a) When decisions are being made for me, I want people to consider the following:

To act in my best interest at all times in all such matters.

b) Outcomes of care I wish to avoid (what I don't want):

(See Part 4 for binding refusals of health care)

To act in my best interest at all times in all such matters.

c) Health care I prefer:

To act in my best interest at all times in all such matters.

Our power of guardianship protects for the rest of your life:

- you and the attorneys you appoint are protected by our law firm*
- read the hints, watch the training videos and speak with us as you build the lifestyle Power of Attorney*

Part 3 continued on next page

Your initial: _____	Witness Initial: _____	Date ____/____/____
---------------------	------------------------	---------------------



Part 3

(cont.)

In this part you can write:

d) Where you wish to live

For more information and suggested statements see page 3 of the Guide.

e) Other personal arrangements

For more information and suggested statements see page 3 of the Guide.

f) Dying wishes

For more information and suggested statements see page 3 of the Guide.

Please draw a large "Z" across any blank sections

Part 3: What is important to me – my values and wishes

a) Where I wish to live

I do not wish to give any direction as to where I reside from time to time.

b) Other personal arrangements

I do not wish to give any direction as to personal arrangements.

c) Dying wishes

I do not wish to give any direction as to my dying wishes.

- unlimited number of updates for the rest of your life for the lifestyle Power of Attorney
- for the rest of your life telephone the law firm anytime for help using lifestyle Power of Attorney.
- your attorneys telephone us for help using lifestyle Power of Attorney

Your initial: _____

Witness Initial: _____

Date ___/___/___



Part 4

For more information about writing down your refusal(s) of health care and some suggested statements see page 7 of the Guide.

If you did not fill in this Part please draw a large "Z" across the blank section.

Part 4: Binding refusals of health care

I make the following binding refusal(s) of particular health care:

(If you are indicating health care you do not want, you must state when and in what circumstances it will apply as your refusal(s) must be followed, pursuant to section 19 of the Act, if relevant and applicable).

Blank lines for writing refusals, crossed out with a large diagonal line.

Do not complete Part 5 unless an Interpreter was used

Part 5: Interpreter statement

Part 5

If you did not use an interpreter, please draw a large "Z" across the blank section.

I certify the following:

(Full name of Interpreter)

- The Advance Care Directive Information State translated by me to:

(name of person giving Advance Care Directive)

- In my opinion he/she appeared to understand
- The information recorded in this Advance Care Directive translated by me and accurately reproduce information and instructions of the person.

Ph: _____

Address: _____

Signed: _____ Date: ___ / ___ / ___

(Signature of Interpreter)

- your POA Guardianship is on a monitoring service, if the POA or legislation change we notify you immediately
- the POA comes with a letter on how to sign and use the medical POA

Your initial: _____	Witness Initial: _____	Date: ___ / ___ / ___
---------------------	------------------------	-----------------------



Part 6

You must sign this Form in front of an independent witness

Only an independent authorized witness can sign your Advance Care Directive

The Information for Witnesses guide should be included with this Form. The witness must read it before signing this Form.

Your independent authorized witness signs and completes this part of the Form

Space is provided if a person, due to an injury, illness or disability, needs to execute the document in another way such as by placing a "mark" on the document or if a representative needs to sign on their behalf

Part 6: Witnessing my Advance Care Directive

I, _____
(Full name of person giving this Advance Care Directive)

do hereby give this Advance Care Directive of my own free will.

I certify that I was given the Advance Care Directive Information Statement and that I understand the information contained in the Statement.

Signed: _____
(Signature of person giving this Advance Care Directive)

Witness statement

I, _____
read and understood the Information for Witnesses that I gave: _____

the Advance Care Directive Information Statement.

In my opinion he/she appeared to understand the explanation given and did not appear to be acting under duress or coercion.

He/She signed this Advance Care Directive in _____
(Authorised witness category)

Ph: _____

Signed: _____
(Signature of Witness)

Space for extra execution statement: _____

Your initial: _____	Witness Initial: _____	Date ____/____/____
---------------------	------------------------	---------------------

Included in the cost of your Power of Attorney is free advice for your attorneys. Your attorneys are not alone:

- there is information about how to use the POA in our covering letter. The letter comes with the POA.
- our law firm helps them and shows them how to use the POA. We are always available to them.

Information Statement



Your witness will ask you to read this Information Statement, and will then ask you a number of questions to make sure that you understand what you are doing by making an Advance Care Directive, and it is your choice to write one.

What is an Advance Care Directive?

An Advance Care Directive is a legal form that allows people over the age of 18 years to:

- write down their wishes, preferences and instructions for future health care, end of life, living arrangements and personal matters and/or
- appoint one or more Substitute Decision-Makers to make these decisions on their behalf when they are unable to do so themselves.

It cannot be used to make financial decisions.

If you have written a refusal of health care, it must be followed if relevant to the circumstances at the time. All other information written in your Advance Care Directive is advisory and should be used as a guide to decision-making by your Substitute Decision-Maker(s), your health practitioners or anyone else making decisions on your behalf, e.g. persons responsible (close family/friends).

It is your choice whether or not to have an Advance Care Directive. No one can force you to have one or to write things you do not want. These are offences under the law.

You can change your Advance Care Directive at any time while you are still

able by completing a new Advance Care Directive Form.

Your new Advance Care Directive Form will replace all other documents you may have completed previously, including an Enduring Power of Guardianship, Medical Power of Attorney or Anticipatory Direction.

When will it be used?

Your Advance Care Directive has no effect (can only be used if you are unable to make your own decisions temporarily or permanently).

Your decision-making powers cannot:

- understand information
- understand and appreciate the benefits of the decision
- remember the information and
- tell someone what you have made

This means you cannot make a decision and someone else will need to make the decision for you.

Who will make decisions for you if you cannot?

It is your choice whether you appoint one or more Substitute Decision-Makers. If you have appointed one or more Substitute Decision-Makers, they will be legally able to make decisions for you about your health care, living arrangements and other personal matters when you are unable to. You can specify the types of decisions you want them to make in Part 2b: Conditions of Appointment of your Advance Care Directive.

An enduring guardian makes decisions about:

- where you live, whether permanently or temporarily
- who you live with
- whether you work
- consent to medical & dental treatment
- protecting life or 'flicking the switch when in a vegetable like state'



If you do not appoint any Substitute Decision-Makers others close to you may be asked to make decisions for you if you are unable to (Person Responsible). They must follow any relevant wishes or instructions you have written in your Advance Care Directive.

Anyone making a decision for you will need to make a decision they think you would have made in the same circumstances. A Substitute Decision-Maker needs to “stand in your shoes”.

Refusals of health care

You may have written in your Advance Care Directive that you do not want certain types of health care, also known as a refusal of health care. It is important to make sure you have written down when or under what circumstances any refusals of health care apply.

If you have refused specific health care in your Advance Care Directive, your Substitute Decision-Maker(s), Person Responsible and your health practitioner must follow that refusal if it is relevant to the current circumstances.

This means that your health practitioner will not be able to give you the health care or treatment you have refused.

If you refuse health care but do not write down when the refusal applies, it will apply at all times when you cannot make the decision.

A health practitioner can only override a refusal of health care if there is evidence to suggest you have changed your mind but did not update your Advance Care Directive, or the health practitioner believes you didn't mean the refusal of health care to apply in the current circumstance.

If this happens they will need consent from your Substitute Decision-Makers, if you have any, or a Person Responsible, to provide any health care.

You cannot refuse compulsory mental health treatment as listed in a community or involuntary treatment order if you have one.

How will others know I have an Advance Care Directive?

It is recommended that you:

1. Complete the Waiver Kit, or download www.advancecare.org.au
2. Give a **certified** Substitute Decision-Maker your health service attend, and other
3. Keep a **certified** where you can e
4. Fill out the Emergency Medical Information Booklet (EMIB) and display it with your Form on your fridge (www.emib.org.au).
5. Add it to your Electronic Health Record if you have one (www.ehealth.gov.au).

Obviously, if you are of sound mind then you make these decisions yourself. The Medical Treatment Decision Maker only starts doing the job when you are of unsound mind.

More information

If you would like more information please read the Advance Care Directives Guide provided with this Form or online at www.advancecaredirectives.sa.gov.au.

This information statement has been translated into 15 different languages and can be found on the Advance Care Directive website.

Substitute Decision-Maker Guidelines



Read these guidelines before you agree to be appointed as a Substitute Decision-Maker, and keep it for future reference

By signing the Advance Care Directive Form you are stating that you agree to be the person's Substitute Decision-Maker and that you understand your role and responsibilities.

Before you sign, make sure you understand what types of decisions you will be able to make, how the person wants you to make those decisions for them, and that you are able to be a Substitute Decision-Maker.

Persons who **cannot be** appointed as a Substitute Decision-Maker include the person's doctor, nurse, or paid professional carer.

Family members or friends who are paid Carers' Allowance by Centrelink **can be** appointed as Substitute Decision-Makers.

After you are appointed you should keep a **certified copy** of the completed, signed Advance Care Directive where you can easily find it.

You should try to have regular discussions with the person who appointed you in case circumstances change for them.

What is the role of a Substitute Decision-Maker?

As a Substitute Decision-Maker you must try to make a decision you believe the person would have made for them in the same situation.

As a Substitute Decision-Maker you make all the decisions the person would make, but **you cannot** make the following decisions:

- Make a decision which involves a change of residence, such as requesting voluntary admission to a residential care facility.
- Refuse food and water by mouth.
- Refuse medicine for pain or distress (for example palliative care).
- Make legal or financial decisions (unless you have also been appointed as an Enduring Power of Attorney for financial matters).

Free updates to your Medical Power of Attorney You can update your Medical POA for free. You can update your lifestyle POA as often as you wish for free.

When contacted and asked to make a decision, you must:

- Only make a decision during periods when the person who appointed you cannot make their own decision. This may be temporary or permanent.
- Support that person to make their own decision if they are able to.
- Produce an original or **certified copy** of the person's Advance Care Directive Form or advise if it can be accessed in an electronic record.
- Only make decisions which you have been appointed to make under Part 2b Conditions of Appointment. (continued over page)

Substitute Decision-Maker Guidelines



- Try to contact any other Substitute Decision-Maker who has been appointed to make the same types of decisions as you.
- Only make a decision on your own if no other Substitute Decision-Maker with the same decision-making responsibility as you cannot be contacted, or the decision is urgent.
- Inform any other Substitute Decision-Maker(s) of the decisions you make.
- Try to make a decision you believe the person would have made in the same circumstance. For guidance when making decisions, look at the Decision-Making Pathway over the page or for more detail visit www.advancecaredirectives.sa.gov.au.

Where to get help, advice and more information

- Advance Care Directives website www.advancecaredirectives.sa.gov.au:
 - How to assess capacity factors *After you build your POA, you print off two copies. You sign both copies. Both copies are originals.*
 - Supporting a decision factor
 - How to make the person's *There is no legal requirement to hand over one of your original POAs to any of your attorneys. You may, however, wish to do so.*
- Legal Services **1300 366 424**
- Office for the Registrar
 - Website: www.opa.sa.gov.au
 - Advice line: 8342 8200
 - Dispute Resolution Service website: <http://www.opa.sa.gov.au/what-we-do/dispute-resolution-service>

3 things to remember as a Substitute Decision-Maker

1. You can only make decisions when the person who appointed you cannot make their own decision/s.
2. You must stand in the person's shoes and try to make decisions you believe the person would have made for themselves.
3. Keep a certified copy of the completed and signed Advance Care Directive where you can easily find it.



A guide to decision-making for Substitute Decision-Makers: how to stand in the person's shoes

STEPS

- 1** The Substitute Decision-Maker may assess the person's capacity to make this decision (see [How to assess decision making capacity fact sheet](#)).

 - if substitute decision is required, then appointed substitute decision-maker proceeds to [step 2](#).
- 2** Establish whether preferences relevant to the decision have been previously expressed in an Advance Care Directive or in previous discussions.
- 3** For health-related decisions, consider the advice about treatment or health care options and likely outcomes in light of the person's wishes:

 - interventions considered overly burdensome
 - outcomes of care to avoid. (Part 3 and 4 of Form)
- 4** Comply with specific refusals of medical treatment or interventions if intended to apply to the current circumstances (Part 3 of Form)
- 5** Consider other preferences and directions in the Advance Care Directive relevant to the current decision. (eg Part 3 of Form)
- 6** If no specific relevant preferences and directions, consult with others close to the person to determine any relevant previously expressed views and social or relationship factors he or she would consider in decision-making.
- 7** Consider the person's known values, life goals and cultural, linguistic and religious preferences and make the decision that the person would make if he or she had access to current information and advice.
- 8** Where several options meet these decision-making criteria, choose the least restrictive option that best ensures the person's overall care and well-being.
- 9** For residential decisions, consider the adequacy of existing informal arrangements for the person's care and the desirability of not disturbing those arrangements.
- 10** If there is no evidence of what the person would have decided, make the decision that best upholds the person's health, well-being and values.

- You should speak to your potential attorneys. Make sure they are happy to take on the onerous job of holding the attorney position.

Information for Witnesses



Key points to know before you witness an Advance Care Directive.

Check that you fit one of the authorised witness categories. The full list is available on page 3 of 3.

- You must be **independent** of the person you are witnessing for, and **cannot be:**

- a beneficiary in their Will – for example a family member
- appointed as their Substitute Decision-Maker or
- their health practitioner or paid professional carer.

If there is a chance you will be the person's health practitioner in the future you should not witness their Advance Care Directive.

It is your choice whether or not you witness a person's Advance Care Directive.

- To be valid, an Advance Care Directive must be completed on the official Advance Care Directive Form. It may be completed in handwriting or electronic text.
- Do not witness the Advance Care Directive until it has been finalised, including signed by any Substitute Decision-Makers (you do not need to witness the acceptance).
- It is not your role to check the content of the person's Advance Care Directive.

If you think the person is not competent to complete an Advance Care Directive, you can request they provide

medical documentation which states that they are.

To fulfil your witness obligations you must:

1. Follow the correct witnessing process (see next page).
2. Make sure the person has read the Advance Care Directive Information Sheet and read it to the person if they are impaired. Translations in other languages are available on the website.
 - *Let them know where the POA is kept. "At my home in my grey filing cabinet and when it is needed you can get the POA and accept it then".*
3. Verify that the person understands the Advance Care Directive Information Sheet and did not appear to be acting under any form of duress or coercion.
4. If you also have to interpret the document, please read the Information for Interpreters document.

Penalties

The *Advance Care Directives Act 2013* (SA) contains penalties for making false or misleading statements, as well as penalties for dishonesty, undue influence, or inducing another to give an Advance Care Directive. Maximum penalties are \$20 000 or imprisonment for two years.



List of authorised witnesses



(Please note that an authorised witness can also certify copies of the original Advance Care Directive).

The following persons, or classes of persons, are authorised witnesses:

- Registered professionals such as teachers, nurses, doctors or pharmacists
- Lawyers or Justices of the Peace (JP)
- Local, State or Commonwealth Government employees with more than 5 years continuous service
- Bank managers or police officers with more than 5 years continuous service
- Ministers of religion or marriage celebrants
- Agents of Australian Post with 5 or more years continuous service
- Australian Consular Officers or Diplomatic Officers
- Bailiffs; sheriffs; sheriff's officers
- Chief executive officers of Commonwealth Courts
- Commissioners for taking affidavits and/or declarations
- Employees of the Australian Trade Commission, or of the Commonwealth who are outside Australia
- Fellows of the National Tax and Accountants' Association
- Statutory Office Holders
- Clerks, Judges, Magistrates or Masters of Court or Court Registrars or Deputy Registrars

- Members of: Governance Institute of Australia; Engineers Australia; Association of Taxation and Management Accountants; Institute of Mining and Metallurgical Engineers Australia
- Australian Defence Force warrant officer with continuous service
- Members of the Institute of Accountants in Australia (Certified Practising Accountants) or the Institute of Public Accountants
- Members of Parliament or Territory government
- Notary public
- Patent attorneys or trade mark attorneys
- Veterinary surgeons.

Australia is a federation of States. Each State has its own Medical POA. For example, an NSW Medical POA only works while you are in New South Wales. If you live in two States then you build two Medical POAs.

Remember, you must be independent of the person who has asked you to witness their Advance Care Directive. This means that as a witness you cannot be:

- a beneficiary in their Will – for example a family member
- appointed as their Substitute Decision-Maker or
- their health practitioner or paid professional carer.

