



LEGAL
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BARRISTERS & SOLICITORS

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Your Reference: Medical Power of Attorney
Enquiries: Adj Professor, Dr Brett Davies
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Tuesday, 13 April 202

Steven Galanos
5 Scott Road
Mornington VIC 3931
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

Appointment of medical treatment decision maker

Medical Power of Attorney

Thank you for instructing us to prepare the attached Appointment of medical treatment decision maker document valid throughout the state of Victoria (VIC).

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.)

Free and ongoing advice for your attorney

The advantages of having our law firm prepare your document:

1. Included in the cost of your document is free advice for your attorney. They are not alone. Our law firm forever and as often as needed, helps your attorneys and shows them how to use the POA. We give you and your family ongoing support.
2. When a parent loses mental capacity, the children are welcome to telephone us for help and assurance. There is no additional cost.
3. Many homemade POAs are incorrect. Sadly, it is only after they are needed does this become apparent. Your POA is protected by our law firm's professional indemnity insurance.
4. There is information on how to use the document in this covering letter. (Keep this letter with the POA after you sign the POA.)

5. Finally, there are unlimited updates on the POA. The POA can be updated as often as you wish.

What is an Appointment of medical treatment decision maker?

This document empowers your attorneys to make medical treatment decisions on your behalf. This is if you become unable to make those decisions yourself. This instrument **does not** grant attorneys the lawful ability to make personal or lifestyle decisions. These powers are granted under the Enduring Power of Attorney Victoria.

Can the 'decision maker' override my wishes?

By law this document 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 'decision maker' then you need to revoke the document. You can do this while you remain of sound mind.

Wouldn't my spouse and children make my decisions for me, anyway?

This document gives greater rights.

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

1. You must have full legal capacity to sign this document.
2. Also, your decision makers must be able to prove you were of sound mind when you signed the document.

Ask your doctor to give you a note to say you are of sound mind. Keep the doctor's note with the document. (Don't staple the doctor's note to the document). Without a doctor's note your document may not be valid. The doctor can use their own wording, or they can use our wording:

I have examined my patient, Steven Galanos I am satisfied my patient has full mental capacity to sign legal documents.

You can get the doctor's note either before or after you sign the document. You don't need to get the note on the day that you signed the document.

Making copies

Don't let the original document 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 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.

Your document is revoked at death. (Conversely, your Will only takes effect at death.) The Court can also revoke this document.

How do I revoke this document?

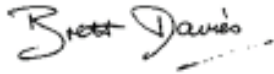
Telephone us immediately.

What happens if I separate, divorce or get married?

Telephone us immediately.

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

This is a sample of the document you are building on our law firm's website.

Depending how you answer the questions the document and our letter may be different.

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

*Dr Brett Davies
Partner
Legal Consolidated Barristers & Solicitors*



How to sign your Victorian Medical Power of Attorney (Appointment of medical treatment decision maker)

Your witnesses are:

1. independent
2. not involved with you or your family
3. not your attorney or a backup attorney
4. not related to you, your attorney or backup
5. not your care worker or accommodation provider

Persons getting your POA can accept another time.

You need two witnesses. One witness is someone over 18.

The other witness is a doctor (medical practitioner) or authorised to witness affidavits:

- Public notary
- Australian lawyer
- Police officer of or above the rank of sergeant or in charge of a police station
- Victorian Public Service level 4 or above. E.g. VPS5 policy officer or VPS4 adviser
- Prescribed affidavit takers, including:
 - Transport Accident Commission officers and employees level 4 or above
 - State Trustees officers and employees level of 4 or above
 - Victorian Institute of Teaching Investigators level of 4 or above
 - Country Fire Authority officers and employees level of 7
- Judicial officer E.g. a judge or magistrate or honorary justice
- Associate to a judicial officer
- Prothonotary or a deputy prothonotary of the Victorian Supreme Court
- Registrar of probates or an assistant registrar of probates
- Principal registrar, a registrar or a deputy registrar of the Magistrates' Court, Children's Court or VCAT. Plus a VCAT member.
- Principal registrar or a registrar of the Coroners Court
- Member & former member of either VIC house of Parliament or Commonwealth
- Senior officer of a Victorian municipal Council meeting:
 - Chief Executive Officer and Member of Council staff with management responsibilities and reporting directly to the Chief Executive Officer
- Registrar or a deputy registrar of the County Court
- Patent attorney
- Fellow of the Institute of Legal Executives (Victoria)
- Acting judicially. E.g. arbitrator or authority to hear, receive & examine evidence
- Officer or person empowered, authorised or permitted under an Act or Court rules or tribunal rules to take affidavits

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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Appointment of Medical Treatment Decision Maker – Victoria (Medical Power of Attorney)

Steven Galanos



Appointment of medical treatment decision maker (long)

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

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

Your medical treatment decision maker has legal authority to make medical treatment 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 you list below who is reasonably available, and willing and able to make the decision. Only adults can appoint a medical treatment

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:	Steven Galanos
Date of birth: (dd/mm/yyyy)	14/04/1975
Address:	5 Scott Road, Mornington VIC 3931, Australia
Phone number:	

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.

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:

Medical treatment decision maker 1

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

Full name:	George Demopoulos
Date of birth: (dd/mm/yyyy)	12/11/1977
Address:	10 Fortuna Street, Balwyn North VIC 3104, Australia
Phone number:	

Medical treatment decision maker 2

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.

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

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)	Steven Galanos
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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:	
Date of birth: (dd/mm/yyyy)	
Address:	
Phone number:	

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.

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



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)	Steven Galanos
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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 appears to have decision-making capacity, the nature and consequences of making the appointment; and
- at the time of signing the document, the person appeared to freely and voluntarily sign the document;
- the person signed the document in my presence as a second witness; and
- I am not the person's medical treatment decision maker for the appointment.

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

Appointment of medical treatment decision maker (long)

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:

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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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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)	Steven Galanos
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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 for Translators and Interpreters (NAATI):

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

I provided a true and correct interpretation of the document.

Signature of interpreter:

- 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

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"/>
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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)	Steven Galanos
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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

- I understand the obligations of an appointed medical treatment decision maker; and
- I undertake to act in accordance with any knowledge of the person making the appointment; and
- I undertake to promote the personal and social interests of the person making the appointment, having regard to the individuality; and
- I have read and understand any advance care directives given before, or at the same time as, this appointment.

Name of medical treatment decision maker

George Demopoulos

Signature of medical treatment decision maker

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- 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

Appointment of medical treatment decision maker (long)

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) (cont.)

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

Appointment by: (insert your full name)	Steven Galanos
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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 2

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

Name of medical treatment decision maker 2

Signature of medical treatment decision maker 2

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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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.*

Witness completes this section.



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)	Steven Galanos
--	----------------

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 of the person making the appointment; and
- I undertake to promote the personal and social well-being of the person making the appointment, having regard to the need to respect their individuality; and
- I have read and understand any advance care directions given before, or at the same time as, this appointment.

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.

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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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)	Steven Galanos
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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).