



Resignation of medical treatment decision maker

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

You must take all reasonable steps to inform the following people that you resign as medical treatment decision maker:

- the person who appointed you
- any other appointed medical treatment decision maker who was appointed at the same time as you.

It is suggested you give the people listed above a copy of your completed resignation form and inform anyone else you think should know.

Part 1: Resignation details

Fill in the full name of the person who appointed you.

I resign from being the appointed medical treatment decision maker for:

Part 2: Witnessing

You must sign in front of one adult witness.

Full name of person resigning (your name)

Signature of person resigning (you sign here)

Witness – Adult witness

An adult witness must complete this section.

Full name of adult witness:

Signature of adult witness:

Date: (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>
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You have reached the end of this form.

If the person who appointed you is a mental health patient under the *Mental Health Act 2014* (Vic.), you must also take reasonable steps to inform the authorised psychiatrist treating them.

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