



Revocation 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

Part 1: Personal details

You must fill in your full name, date of birth and address. A phone number is optional.

| | | |
|-----------------------------|--|--|
| Your full name: | | |
| Date of birth: (dd/mm/yyyy) | | |
| Address: | | |
| Phone number: | | |

Part 2: Medical treatment decision maker details

I revoke the following appointment of my medical treatment decision maker.

Fill in the details of your medical treatment decision maker here. Include the date you made the appointment, if known.

| | |
|--|--|
| Full name of medical treatment decision maker: | |
| Date of appointment: (dd/mm/yyyy) | |

Revocation of medical treatment decision maker



Revocation of medical treatment decision maker (cont.)

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

Revocation by: (insert your full name)

Part 3: Witnessing

You must sign in front of two adult witnesses at the same time. 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.

Signature of person revoking the medical treatment decision maker appointment (you sign here)

[Signature line]

Each witness certifies that:

- at the time of signing the document, the person revoking the appointment appears to have decision-making capacity and appears to understand the nature and consequences of revoking the appointment; and
• at the time of signing the document, the person revoking the 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 an appointed medical treatment decision maker of the person.

Witness 1 – Authorised witness

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

Full name of authorised witness: [Name line]

Qualification of authorised witness: [Qualification line]

Signature of authorised witness: [Signature line] Date: (dd/mm/yyyy) [Date line]

Witness 2 – Adult witness

Another adult witness must complete this part of the form.

Full name of adult witness: [Name line]

Signature of adult witness: [Signature line] Date: (dd/mm/yyyy) [Date line]



Revocation of medical treatment decision maker (cont.)

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

Revocation by: (insert your full name) []

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: []

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) []

Part 4: Interpreter statement

If an interpreter assisted in the preparation of this document

If an interpreter helped you to prepare this document, they complete this section. They can fill in this section before the document is witnessed or at the time the document is witnessed. Cross out Part 4 if not relevant.

Name of interpreter: []

If accredited with the National Accreditation Authority
NAATI number: []

I am competent to interpret from English into the following language: []

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

Signature of interpreter: [] Date: (dd/mm/yyyy) []

You have reached the end of this form.

It is recommended you inform your medical treatment decision maker that their appointment has been revoked.

It is recommended you also inform people who know of the appointment, such as your doctor.

Revocation of medical treatment decision maker