



Adapt. Chart new markets.

HEALTH DIRECTION

by

**ARTHUR CURRY
(AQUAMAN)**

SAMPLE

Health direction

UNDER THE *MEDICAL TREATMENT (HEALTH DIRECTIONS) ACT 2006*
SECTION 21, FOR SECTION 7.



IMPORTANT NOTICE:

- This direction will not be valid if it is inconsistent with an enduring power attorney for a health care matter under the *Powers of Attorney Act 2006* that you have previously given (and not subsequently revoked).
- This direction will be revoked if you later make an enduring power of attorney for health care matters. You can also revoke this direction by clearly expressing to a health professional or someone else a decision to revoke the direction.
- Subject to the above, the power to make decisions relating to the withholding or withdrawal of medical treatment to you will now be exercised according to the instructions on this form.

1

I, *[insert full name]*

ARTHUR CURRY

of *[insert address]*

7 Trident Avenue, Atlanna ACT 2756

Direct that -

(a) medical treatment generally be withheld or withdrawn; or

~~(b) the following medical treatment: (specify particular kind of treatment)~~

(Not applicable)

be withheld or withdrawn. NOTE: delete (a) or (b)

2

I **REVOKE** all directions previously made by me under the *Medical Treatment Act 1994* and all other directions made by me under the *Medical Treatment (Health Directions) Act 2006*.

Signature of Maker

Witness 1

Witness 2

3

I CERTIFY that this direction is made voluntarily and without inducement or compulsion.

4

I CERTIFY that I am an adult, who does not have a guardian appointed or have impaired decision-making capacity.

- (a) Signature of the person making the direction (or of someone else signing in the presence of and by the direction of the maker of the direction).

Date

- (b) If someone else signed the form at the direction of the person making the direction, the full name and address of the person signing.

Date

NOTE: Delete (a) or (b). It is recommended that you sign (or someone else who signs this form by your direction) also at the foot of the first page

WITNESSES

NOTE: The Witnesses must sign in the presence of each other and the person making the direction.

Witness 1

- (a) Signature

Date

Name and occupation

ROBIN MEE

Lawyer

Address

8 Mareva Street, Inn Junction ACT 4565

Witness 2

- (a) Signature

Date

Name and occupation

SUE MEE

Bank Manager

Address

8 Mareva Street, Inn Junction ACT 4565