

health care professional report (HCPR-C) ENDURING POWER OF ATTORNEY



This report, the Health Care Professional Report-C (HCPR-C) must be completed by a health care professional, a psychologist or a medical practitioner.

An Enduring Power of Attorney (EPA) authorises one person to make financial decisions for another once they have lost capacity. The person who made an Enduring Power of Attorney is called the 'donor'. The person they have authorized to act for them is called the 'attorney'.

Once it is completed, the Guardianship and Administration Board will use this HCPR-C as evidence in a hearing to review an Enduring Power of Attorney. From that hearing the Board might:

- Declare that the donor had or did not have sufficient capacity to grant a power of attorney,
- Vary, invalidate or revoke a power or attorney,
- Appoint a new or substitute attorney or an administrator, or
- Give specific directions to an attorney about the exercise of power.

Generally this report will be required to assist the Board in coming to a conclusion about the donor's mental capacity to make relevant decisions. The legal test for assessing competence for granting an enduring power of attorney is attached at the back of this form.

completing the report

Please complete the relevant sections of the report. The report will be photocopied for Board members so please type or print clearly. If the space provided in any section is insufficient, please type or write on a separate sheet and attach.

Please photocopy the report and keep the copy as your own record.

If you are uncertain about filling in any part of this form, please contact the Board on 1300 799 625 or (03) 6165 7500 and ask to speak to a Case Assessment Officer.

payment for health care professional reports

The Board is not responsible for payment for this report. Your fee for this report will be paid from the estate of the person to whom it relates. Please forward the account to the person who requested you to complete the report. The Board considers that a reasonable fee for completing this report is \$75.00.

general procedure

The Board will generally accept the HCPR as documentary evidence without the need to call you as a witness. You may be sent a notice inviting you to attend the hearing. You are welcome to attend the hearing. Unless you are specifically notified, you are not required to attend the hearing.

In cases where you are required to attend, it is usually possible to attend a hearing by telephone. Please telephone the Board Registry to arrange this.

Please return the report to the person who requested you to complete it.

Telephone: 6165 7500

Fax: 6173 0211

Email: Guardianship@justice.tas.gov.au

Website: www.guardianship.tas.gov.au

Fact Sheets available for download from our website.

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Application No. _____

health care professional providing this report

please stamp or fill in details below

Your Name _____

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

In what capacity do you know the person? (Please tick)

- Medical Practitioner Psychologist
 Specialist (specify, e.g. psychiatrist) _____

the donor

Details of the person for whom an application for guardianship and/or administration is being made to the Board.

Name _____

Date of Birth (if known) ____/____/____

How long have you known the donor? _____

On what date did you last personally examine the donor? _____

Are you the donor regular medical attendant?
please tick Yes No

past capacity

The donor purportedly executed an enduring power of attorney on _____ (applicant to insert date EPA was executed)

Did you know the donor on this date?

Please tick Yes No

If “No” are you able to express an opinion regarding his or her probable capacity to execute an enduring power of attorney on this date?

Please tick Yes No (If “No” please proceed to ‘present capacity’)

If yes, please comment

the donor’s understanding at the time of signing

Did the donor appreciate the nature and extent of his or her property at the date of execution?

Yes No Unsure

Did the donor understand that he or she has given the attorney the authority to manage his or her property and financial affairs at the date of execution?

Yes No Unsure

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Did the donor understand that, subject to any directions contained in the power the attorney can have full control over his or her property, e.g. sell real estate, pay bills, open and close bank accounts at the date of execution?

- Yes No Unsure

Did the donor understand that, with capacity, he or she could vary or oversee the use of her power to revoke the power at the date of execution?

- Yes No Unsure

In your opinion did the donor have the capacity to make reasonable decisions or judgments in relation to his or her property at the date of execution?

- Yes No Unsure

Can you advise whether any further assessment, testing, investigation or other procedure was undertaken to determine the mental capacity of the donor at the time of execution?

present capacity

Does the donor have a disability/disabilities (please tick)

- Yes No Unsure

If “yes” please specify the type and nature of the disability (tick one or more boxes)

- Acquired brain injury (resulting from) _____

- Intellectual disability (give details) _____

- Psychiatric disability (give details) _____

- Dementia (give details) _____

- Other (any disability which affects the person’s ability to make decisions about personal matters) Give details:

How long has the disability been evident? _____ Years

Is the disability (please tick)

- Static
 Deteriorating
 Fluctuating
 Improving

What is the prognosis

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effect of disability on the person's circumstances

Does the person experience deficits in particular areas by reason of a disability?

- Orientation to person, place or time
- Expressive communication
- Receptive communication
- Impulse control
- Capacity for new learning
- Susceptibility to influence
- Planning and reasoning skills

How does the disability affect the person's ability to make a reasonable decision about his or her financial matters?

other observations

Do you have any other observations or comments that may be relevant?

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Additional information regarding capacity

Are you aware of any further reports/assessments/examinations, e.g. ACAT, neurological or psychiatric assessments which may assist the Board? If yes, please specify:

information for administration applications – financial affairs

To what extent does the person appreciate the nature and extent of his or her property, either real or personal?

Comments:

To what extent is the person capable of making reasonable decisions in relation to his or her real or personal property?

Comments:

How does the person's disability affect his or her ability to:

(a) Manage day to day financial requirements, e.g. operate a bank account, pay accounts, budget (if relevant):

(b) Make major financial decisions, i.e.g whether to sell a major asset, how to invest significant sums of money, negotiating a disputed debt (if relevant):

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applicant's details

Please give details of the person who is making the application to the Board and/or requested this Health Care Professional Report from you.

Name _____

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

donor's attendance at hearing

Does the donor have any physical disability that would prevent him or her attending a Guardianship & Administration Board hearing?

Please tick Yes No

If yes, please explain the condition:

Does the person's mental condition prevent him or her from attending a hearing?

Please tick Yes No

If yes, please explain the condition:

confidentiality

The information in this report may be provided by you without the consent of the person about whom it is written. However, the Board may provide a copy of this report to the person about whom it is written or an 'interested party' to the proceedings. If you have any concerns about disclosure of information from the report, please indicate below.

Have you discussed this report with the proposed represented person?

Yes No

Do you have concerns about disclosing the contents of this report to the person about whom it is written or any 'interested party'?

Please tick Yes No

If yes, please provide details:

I have provided this report in good faith and have reasonable and probable grounds for believing the report to be true.

Practitioner's Signature: _____

Dated: _____

Would you like to receive a hearing notice in respect to this matter?

Yes No

Thank you for your time in completing this report.

Your assistance is greatly appreciated.

Office Use Only

Send hearing notice:

Date report received:

Date data entered:

Attach to Application No:

Attach to Matter No:

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test for assessing competence for granting an enduring power of attorney (Section 30(2) and (3) *Powers of Attorney Act 2000*)

To be capable of granting an enduring power of attorney, a person (the donor) must understand the nature and effect of the document creating the power.

The donor is taken to understand the nature and effect of the document if he or she understands the following matters:

- (i) that the donor may, in the document, specify or limit the power to be given to the attorney and instruct the attorney about the exercise of the power;
- (ii) that the power begins when authorized by the donor or when the donor loses his or her mental capacity;
- (iii) that subject to any directions contained in the power, the attorney will have full control over the donor's property;
- (iv) that the donor may revoke the enduring power of attorney at any time while he or she has the mental capacity to do so;
- (v) that the power the donor has given continues even if the donor subsequently loses his or her mental capacity;
- (vi) that the donor is unable to oversee the use of the power if he or she subsequently loses mental capacity.

Notes:

It is preferable that you ask open questions such as "what will your attorney be able to do?" and "what will happen if you become mentally incapable?" to assess whether the donor understands the nature and effect of the power.

In order to revoke an enduring power of attorney the donor must have the same degree of capacity as he or she had when the power was made. Once a person has lost capacity, only the Board may revoke the power.

An attorney must act as a 'trustee' for the donor. If you believe that there has been any pressure applied to a person to make an Enduring Power of Attorney, or if you believe that the attorney has not acted in the donor's best interests in exercising the power, these are important matters to bring to the attention of the Board.