

## Background Information about the Multilingual Hawaii Advance Directive

The **Hawaii Advance Health Care Directive** (HI AD) or ‘Advance Directive’ (AD) as it is commonly known, is a written statement about your future medical care. Starting May 2016 the HI AD is available in [10 languages](#). To facilitate the discussion for providers and loved ones, the HI AD is a bilingual document translated content block by content block.

Please keep in mind that **most providers speak English only**. To ensure that your wishes and instructions are understood and can be honored, please fill out your HI AD in **English**. In order to complete an advance directive you need to either have two witnesses or a notary public for it to be valid.

**Important limitation:** If you choose to complete the English portion of a bilingual HI AD, State of Hawaii regulations require a **bilingual Notary** to notarize your bilingual version of the advance directive.

*“The notarization of a document that has been written in a foreign language should only be performed by a notary who has a thorough understanding of the foreign language in which the document and/or notarial certificate are written.” [...] Similarly, a notary should not notarize a document written in English if the parties to the document who appear before the notary do not appear to speak, read, or understand English.”* Page 5, Notary Manual 2010.

Call the Notary Public Program (808) 586-1216 for a **bilingual notary**, or go to their website <https://notary.ehawaii.gov/notary/public/publicsearch.html> (‘Search Category’: choose ‘Language’ in the fold down menu and in ‘Search Terms’ type in the language you want).

Please call the notary public office if you have more questions regarding using a bilingual notary.

### Two recommendations for completing your bilingual AD:

1) Use **two witnesses** to complete a bilingual HI AD. Witnesses cannot be health care providers (like a doctor, nurse or social worker), employees of a health care facility, or the person you choose as an agent. One of the two persons cannot be related to you or have inheritance rights.

OR

2) Use a **bilingual notary**.

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# HAWAI‘I ADVANCE HEALTH CARE DIRECTIVE

My name is:

\_\_\_\_\_  
Last First Middle initial Date of Birth Date

## PART 1: HEALTH CARE POWER OF ATTORNEY – DESIGNATION OF AGENT:

I designate the following individual as my agent to make health care decisions for me:

\_\_\_\_\_  
Name and relationship of individual designated as health care agent

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone E-mail

If I revoke my agent’s authority or if my agent is not willing, able, or reasonably available to make decisions for me, I designate the following individual as my alternate agent:

\_\_\_\_\_  
Name and relationship of individual designated as health care agent

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone E-mail

## AGENT’S AUTHORITY AND OBLIGATION:

My healthcare agent should make decisions as I have instructed in Part 2 of this form or as I may otherwise provide orally or in writing. If there are decisions for which I have not provided instructions, I want my agent to make such decisions as I would have chosen to do, basing them on my values, goals, and preferences rather than those of my agent. If a guardian of my person needs to be appointed for me by a court, I nominate my agent.

## WHEN AGENT’S AUTHORITY BECOMES EFFECTIVE:

My agent’s authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.

If I mark this box, my agent’s authority to make health care decisions for me takes effect immediately. However, I always retain the right to make my own decisions about my health care. I can revoke this authority at any time as long as I have mental capacity.

# TU‘UTU‘UNI MAKEHE ‘A HAUAI‘I FEKAU‘AKI MO E TOKANGAEKINA E MO‘UI LELEÍ. HAWAI‘I ADVANCE HEALTH CARE DIRECTIVE

Ko hoku hingoá ko:

\_\_\_\_\_  
Hingoa Fakaiku Hingoa ‘Uluaki Hingoa Loto ‘ Aho fá‘ele‘i ‘Aho

## KONGA 1 - MAFAI ‘O E LOEÁ KI HE MO‘UI LELEÍ – FILI ‘O E FAKAFOFONGÁ:

‘Oku ou fili ‘a e tokotaha ko ení ke hoko ko hoku fakafofonga ke ne faitu‘utu‘uni ki hono tokangaekina ‘eku mo‘uí:

\_\_\_\_\_  
Hingoa mo e fekau‘aki ‘a e tokotaha kuo fili ke hoko ko e fakafofonga tokangekina mo‘ui

\_\_\_\_\_  
Hingoa e Hala Kolo Vahefonua Zip

\_\_\_\_\_  
Telefoni ‘i ‘api Telefoni to‘oto‘o ‘Imeili

Kapau te u fakangata ‘a e mafai hoku fakafongá, pē kapau ‘oku fakafisi, pē ‘ikai lava, pē ‘ata‘ataa mo‘oni ke faitu‘utu‘uni ma‘aku, ‘oku ou fili ‘a e tokotaha ko ení ke hoko ko hoku fakafongá talifaki:

Hingoa mo e fekau‘aki	‘a e tokotaha kuo fili ke hoko ko e fakafongá tokangekina mo‘uí		
Hingoa e Hala	Kolo	Vahefonua Zip	
Telefoni ‘i ‘api	Telefoni to‘oto‘o	‘Imeili	

**KO E MAFAI MO E FATONGIA ‘O E FAKAFOFONGÁ:**

‘Oku tukuange ki hoku fakafongá ki hono tokangaekina ‘eku mo‘uí, ke faitu‘utu‘uni fakatatau ki hoku loto ‘oku hā he Konga 2 ‘o e foomú ni, pē ko ia kuo u to e tu‘utu‘uni ngutu pē tohí. Kapu ‘oku ‘i ai ha ngaahi fiema‘u tu‘utu‘uni kuo ‘ikai kau he‘eku fai tu‘utu‘uni, ‘oku ou fiema‘u hoku fakafongá ke ne muimui ki he ngaahi fili ko ia na‘aku mei faí, ‘o fakatatau ki he ngaahi me‘a ‘oku ou mahu‘inga‘ia ai, ‘a ‘eku ngaahi taumu‘a mo e ngaahi me‘a ‘oku ou manako ai, ‘o ‘ikai makatu‘unga he ngaahi me‘a ko ia ‘oku fiema‘u ‘e hoku fakafongá. Kapau ‘oku fiema‘u ki ha fakamaau‘anga lao ke fili ha tokotaha ke ne tokanga‘i au, pea ‘oku ou fokotu‘u atu hoku fakafongá.

**KO E TAIMI ‘OKU LAU AI ‘A E MAFAI ‘O E FAKAFOFONGÁ:**

‘Oku lau e mafai hoku fakafongá ‘i he taimi ko ia kuo pehee ‘e he‘eku tefito‘i toketaa, kuo ‘ikai ke u kei lava ke faitu‘utu‘uni fekau‘aki mo hoku tokangaekina, tukukehe kapau ‘oku ou fili ‘a e puha ko ení.

Kapau kuo u fili e puha ko ‘ení, ko e ‘oange ia e mafai ki hoku fakafongá ke faitu‘utu‘uni fekau‘aki mo hoku tokangaekina. Kā neongo ia, ‘oku ou kei ma‘u pē ‘a e totonu ke u faitu‘utu‘uni fekau‘aki mo hoku tauhí. ‘Oku ngofua ke u fakangata ‘a e mafai ko ení ‘i ha taimi pē ‘oku kei ma‘u ai ‘eku fakakauká.

**PART 2: INDIVIDUAL INSTRUCTIONS** (You may modify or strike through anything with which you do not agree. Initial and date any modifications.)

**A. END OF LIFE DECISIONS**

- If I have an incurable and irreversible condition that will result in my death within a relatively short time, OR
- If I have lost the ability to communicate my wishes regarding my health care and it is unlikely that I will ever recover that ability, OR
- If the likely risks and burdens of treatment would outweigh the expected benefits.

**THEN** I direct that my health-care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: Check only one of the following boxes. You may also initial your selection.

I want to stop or withhold medical treatment that would prolong my life.

**OR**

I want medical treatment that would prolong my life as long as possible within the limits of generally accepted health care standards.

**KONGA 2: FAKAHINOHINO TAAUTAHA** (‘E lava ke ke fakalelei pē kohi‘i e ngaahi me‘a ‘oku ‘ikai ke ke tui ki aí Fakamo‘oni fakakonga pea faka‘aho e ngaahi liliú.)

**A. TU‘UTU‘UNI FELĀVE‘I MO E FAKANGATA E MO‘UÍ**

- Kapau ‘oku ‘i ai haku mahaki ‘oku ‘ikai ala faito‘o, pē mahaki ‘oku ‘ikai lava ke fakangata ‘ene tupú, pea ‘oku mahino ‘e iku vave mai pē ngata ‘o e mo‘uí, PĒ
- Kapau kuo ‘ikai ke u to e malava ke u fetu‘utaki atu ‘eku fiema‘u fakatauhí, pea ngalingali he‘ikai ha to e taufonua ‘a e fetu‘utakí, PĒ
- Kapau kuo hulu atu e me‘a ‘e ala hoko mo mafatukituku e ngaahi feinga faito‘ó fakahoa ki he lelei ‘e ala ma‘u aí.





**YOUR NAME:** (Please sign in front of witnesses or notary public)

Print Your Full Name Your Signature Date of Birth Date

**HOHINGOA:** (Kātaki ‘o fakamo‘oni he ‘ao ‘o e kau fakapapau‘i fakamo‘oní pē tokotaha falala‘anga he fonuá)

Hikinima ho Hingoa Kakató Ko ho‘o fakamo‘oní ‘Aho fā‘ele‘í ‘Aho

**WITNESSES: CHOOSE EITHER OPTION 1 OR 2, NOT BOTH.**

**Important: Witnesses** cannot be your health care agent, a health care provider or an employee of a health care facility. One witness cannot be a relative or have inheritance rights.

**OPTION 1: WITNESSES**

I (Witness 1) declare that the person completing this advance health care directive is personally known to me, that she/he signed or acknowledged this power of attorney in my presence and appears to be of sound mind and under no undue influence. I am not related by blood, marriage, or adoption, and to the best of my knowledge I am not entitled to any part of her/his estate. I am not the person appointed as agent by this document, and I am not a health-care provider, nor an employee of a health-care provider or facility.

Witness #1 Print Name Witness Signature Date  
Street Address City State Zip

**KAU FAKAMO‘ONI: FILI E 1 PĒ 2, ‘OUA ‘E FILI LŌUA.**

**Mahu‘inga: ‘Oku ‘ikai ngofua ki he Kau Fakamo‘oní** ke kau ai ho fakafongā tokangaekina mo‘uí, pē tokotaha ‘oku ‘i ai hano ‘api mahaki, pē tokotaha ngāue ‘api mahaki. He‘ikai ngofua ke fakamo‘oni ha kāinga pē ha taha ‘oku ‘i ai ha‘ane totonu ki ha koloa ‘a e mahakí.

**FILI 1: FAKAMO‘ONI**

‘Oku ou (Fakapapau Fakamo‘oni 1) fakahā heni ‘oku ou ‘ilo‘i lelei ‘a e tokotaha ko eni na‘a ne fakakakato ‘a e fakafonu ‘o e Tu‘utu‘u Fakafaito‘o Makehé, pea na‘a ne fakamo‘oni hingoa pē fakapapau‘i e mafai kuo tuku ki ai ‘e he laó ‘i hoku ‘aó, pea ‘oku hā ‘atamai lelei pē pea na‘e ‘ikai fakamalohi‘i. ‘Oku ‘ikai ke ma felāve‘i toto, mali pē pusiaki pea ‘oku mahino kiate au ‘oku ‘ikai ke u tu‘u ke ma‘u ha kongā ‘ene koloá. ‘Oku ‘ikai ko e fakafongā au kuo fili pea hā he tohí ni, pea ‘oku ‘ikai haku ‘api tauhi mahaki, pē ko ha tokotaha au ‘oku ou ngāue ha ‘api pehee.

Fakapapau Fakamo‘oni #1 Tohinima ho Hingoa Fakamo‘oni Hingoa ‘Aho  
Tu‘asila e Halá Kolo Vahefonua Zip





## FILI 2: TOKOTAHA FALALA‘ANGA HE FONUÁ

Vahefonua Hauai‘i  
(Kolo mo e ) Vahe ‘o \_\_\_\_\_ } ss.

‘I he ‘aho \_\_\_\_\_ ‘o \_\_\_\_\_, ‘i he ta‘u \_\_\_\_\_, ‘i hoku ‘ao,  
\_\_\_\_\_, (Fakahū e hingoa ‘o e tokotaha falala‘anga  
he fonuá) na‘e hā ‘a \_\_\_\_\_, ‘a ia ‘oku ou ‘ilo‘i  
lelei (pē ko e fakamahino pau kiate au makatu‘unga he ngaahi fakamo‘oni taau) ko ia ‘a e tokotaha ‘oku hā heni \_\_\_\_\_  
peesi ko e Tu‘utu‘uni Tokangekina Mo‘ui Makehe ‘a Hauai‘i ‘aho \_\_\_\_\_, ‘i he \_\_\_\_\_  
Fakamaau‘anga e Vahefonua Hauai‘i pea fakapapau‘i ‘oku ne fai eni ‘i he loto tau‘atāina.

\_\_\_\_\_  
Fakamo‘oni hingoa ‘a e tokotaha falala‘anga he fonuá

‘Oku ‘osi hoku mafai he: \_\_\_\_\_

Fokotu‘u e Sila pē Sitapa ‘a e Tokotaha  
Falala‘angá ‘i ‘olunga

**‘Oku mahu‘inga tatau pē tataú mo e mu‘aki tohi.**  
[www.kokuamau.org/resources/advance-directives](http://www.kokuamau.org/resources/advance-directives)  
Ko e fa‘u ‘e he ‘Ōfisi Pule ki he Kau Hoholo Vaivai mo e  
Kōkua Mau - A Movement to Improve Care  
Sanuali 2016