Advance Care Directives



Form

Plan for your future health and end of life care

Government of South Australia

Advance Care Directives Form

Advance Care Directives

There may be a time in your life when you can't make your own decisions, because of an injury or illness.

This means you don't have the ability to decide or communicate how you would like to be cared for and treated.

By completing an Advance Care Directive, you can make sure that the people responsible for your care understand your needs and wishes.

1. Appoint one or more Substitute Decision-Makers
2. Write down your values and wishes to help people make decisions about your future health care, end of life, living arrangements and other personal matters; and/or
3. Write down health care you do or do not want to receive in certain circumstances.

This form is a legal document under the *Advance Care Directive Act 2013*.

Please use the Advance Care Directives Guide which provides step by step instructions to complete your Advance Care Directive and includes the Information Statement and Substitute Decision-Maker Guidelines.

For more information, visit advancecaredirectives.sa.gov.au

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Part 1: Personal details

You must fill in this Part.

Name:.....
(Full name of person giving Advance Care Directive)

Address:.....

Phone:..... Date of birth ...../...../.....

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say

Certification statement or JP stamp

Your initial:	Witness initial:	Date: ...../...../.....

Part 2a: Appointing Substitute Decision-Makers

Only fill in Part 2a if you want to appoint one or more Substitute Decision-Makers. Pages for appointing more Substitute Decision Makers can be downloaded; OR are attached at the end of this Form (to be decided).

You must provide your Substitute Decision-Maker with a copy of the Substitute Decision-Maker Guidelines on page 31 of the Guide. Your Substitute Decision-Maker(s) must sign Part 7 of this Form before you sign Part 8. If you do not fill in any of this Part, please draw a large "Z" across any blank sections.

See page 8 of the Guide for more information.

I appoint:.....
(Name of appointed Substitute Decision-Maker)

Relationship:.....

Address:.....

Phone:..... Date of birth ...../...../.....

I appoint:.....
(Name of appointed Substitute Decision-Maker)

Relationship:.....

Address:.....

Phone:..... Date of birth ...../...../.....

I appoint:.....
(Name of appointed Substitute Decision-Maker)

Relationship:.....

Address:.....

Phone:..... Date of birth ...../...../.....

I appoint:.....
(Name of appointed Substitute Decision-Maker)

Relationship:.....

Address:.....

Phone:..... Date of birth ...../...../.....

Your initial:	Witness initial:	Date: ...../...../.....

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Part 2b: First point of contact

You may nominate which Substitute Decision-Maker your health practitioner contacts first in an emergency. If you do not fill in this Part, please draw a large "Z" across this section.

See page 11 of the Guide for more information.

I nominate:.....
(Name of Substitute Decision-Maker)

to be my first point of contact in an emergency, and to coordinate decision-making with my other Substitute Decision-Makers by following the conditions written in Part 2c below.

Part 2c: Conditions of appointment on Substitute Decision-Makers

You may appoint your Substitute Decision-Makers in order of preference. For example, you may appoint your spouse as your first preferred Substitute Decision-Maker, followed by your child(ren) as your equal second preferred Substitute Decision-Maker/s.

See page 11 of the Guide for more information.

I would like my Substitute Decision-Makers to undertake their role and responsibilities in the following order:

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Here, you can write the conditions that your appointed Substitute Decision-Maker/s must follow. If you appoint more than one Substitute Decision-Maker, and you do not provide any conditions, they will be able to make decisions together and separately. If you do not fill in any of this Part, please draw a large "Z" across the blank section.

See page 11 of the Guide for more information.

I would like my Substitute Decision-Maker/s to follow the following conditions:

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Your initial:	Witness initial:	Date: ...../...../.....

Part 3: What is important to me – my values and wishes

In this Part, you can write what is important to you about your future health care wishes, living arrangements and other personal matters. The Advance Care Directive Guide includes some example statements that can be copied or used as a guide to help you write your wishes.

If you do not fill in any of this Part, please draw a large "Z" across the blank section.

See page 14-20 of the Guide for more information.

a) When decisions are being made for me, I want people to think about the following things that are important to me:

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b) What I don't want to happen to me (outcomes of care I want to avoid):

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c) Health care I prefer:

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Your initial:	Witness initial:	Date: ...../...../.....

Part 3: What is important to me – my values and wishes (continued)

d) Where I wish to live:

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e) Other personal arrangements:

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f) Dying wishes:

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Your initial:	Witness initial:	Date: ...../...../.....

Part 4: Binding refusal of health care (health care I do not want)

In this part, you may write down your refusal(s) of particular health care. If there are types of health care you do not want, you must state when and in what circumstances your refusal(s) must be followed, pursuant to section 19 of the Act, if relevant and applicable. The Advance Care Directive Guide includes some example statements that can be copied or used to help you write your refusals. If you do not fill in this part, please draw a large "Z" across the blank section.

See page 21 of the Guide for more information.

I make the following binding refusal/s of health care:

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Your initial:	Witness initial:	Date: ...../...../.....

Part 5: Organ donation

It is important to tell your family and loved ones whether you want to donate your organs or tissue when you die. By visiting DonateLife.gov.au or ticking the box on your driver's licence, you can register your wish to become an organ and tissue donor.

If you do not fill in any of this Part, please draw a large "Z" across the blank section.

See page 24 of the Guide for more information.

I have visited DonateLife.gov.au and I understand my options about organ and tissue donation:

☐ Yes

☐ No

Part 6: Interpreter statement

Only fill in this part of the form if you used an interpreter. Your interpreter will need to fill in this part of the form to certify that they meet the interpreter requirements under section 14(2) of the *Advance Care Directives Act 2013*. See page 41 of the Guide for an information sheet for interpreters.

If you did not use an interpreter please draw a large "Z" across this section.

****A digital signature is permitted in this section****

See page 24 of the Guide for more information.

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I.....certify the following:
(Full name of Interpreter)

- The Advance Care Directive Information Statement was given and translated by me to:

.....
(name of person giving Advance Care Directive)

- In my opinion they appeared to understand the information given.
- The information recorded in this Advance Care Directive Form was translated by me and accurately reproduces in English the original information and instructions of the person.
- I meet the requirements of an interpreter under section 14(2) of the Act

Phone:.....

Address:.....

Signed:..... Date: ...../...../.....
(Signature of Interpreter)

Your initial:	Witness initial:	Date: ...../...../.....

Part 7: Substitute Decision-Maker(s) Acceptance

Each Substitute Decision-Maker fills in this section to show that they understand and accept their role. Your Substitute Decision-Maker(s) must sign below before you sign the declaration in Part 8. If you have not appointed any Substitute Decision-Makers, please draw a large "Z" across the blank section.

****Digital signatures are permitted in this section****

See page 25 of the Guide for more information.

I.....
(Name of appointed Substitute Decision-Maker)
am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as written in the Substitute Decision-Maker Guidelines.

Signed: ..... Date: ...../...../.....
(Signature of appointed Substitute Decision-Maker)

I.....
(Name of appointed Substitute Decision-Maker)
am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as written in the Substitute Decision-Maker Guidelines.

Signed: ..... Date: ...../...../.....
(Signature of appointed Substitute Decision-Maker)

I.....
(Name of appointed Substitute Decision-Maker)
am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as written in the Substitute Decision-Maker Guidelines.

Signed: ..... Date: ...../...../.....
(Signature of appointed Substitute Decision-Maker)

I.....
(Name of appointed Substitute Decision-Maker)
am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as written in the Substitute Decision-Maker Guidelines.

Signed: ..... Date: ...../...../.....
(Signature of appointed Substitute Decision-Maker)

Your initial:	Witness initial:	Date: ...../...../.....

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Part 8: Declaration

In this part, you declare that you are giving this Advance Care Directive of your own free will. You must sign this form in front of an independent authorised witness. You must also initial each page of this form in front of your witness.
****A digital signature is <u>not permitted</u> in this section****

See page 25 of the Guide for more information.

I.....
(Full name of person giving this Advance Care Directive)

do hereby give this Advance Care Directive of my own free will.

I certify that I was given the Advance Care Directive Information Statement and that I understand the information contained in the Statement.

Signed: ..... Date: ...../...../.....
(Signature of the person giving this Advance Care Directive)

Part 9: Witness statement

Your witness fills in this part of the form and must initial each page of this form. Only an independent authorised witness can sign your Advance Care Directive. Authorised witnesses include registered health practitioners, teachers, police officers, legal practitioners, justices of the peace and registered social workers.
****A digital signature is <u>not permitted</u> in this section****

See page 25 and 36-39 of the Guide for more information.

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I.....
(Full name of Witness)

have read and understood the Information for Witnesses guide and certify that I gave:

..... the Advance Care Directive Information Statement.
(Full name of person giving this Advance Care Directive)

In my opinion they appeared to understand the information and explanation given and did not appear to be acting under any form of duress or coercion. Choose one:

☐ They signed this Advance Care Directive in my presence; or

☐ They placed a 'mark' on the document in my presence; or

☐ They are unable to personally sign and they have instructed _____ to sign on their behalf in my presence
(Full name of person signing on their behalf)

I meet the requirements of an authorised witness under section 15(1)(a) of the Act:

_____
(Authorised witness category)

Phone: .....

Signed: ..... Date: ...../...../.....
(Signature of appointed Substitute Decision-Maker)

Your initial:	Witness initial:	Date: ...../...../.....

What to do with your completed Advance Care Directive

It is recommended that you:

1. Complete the Wallet Card included below, or download it from www.advancecaredirectives.sa.gov.au
2. Put your wallet card in your wallet or purse.
3. Give a **certified copy** to any appointed Substitute Decision-Makers, your doctor, your health service that you regularly attend, and other people close to you.
4. Keep a **certified copy** with you and where you can easily find it.
5. Fill out the Emergency Medical Information Booklet (EMIB) and display it with your Form on your fridge (www.emib.org.au).
6. Add it to your Electronic Health Record if you have one (www.ehealth.gov.au).

More information

If you would like more information please read the Advance Care Directives Guide provided with this Form or online at www.advancecaredirectives.sa.gov.au

This information statement has been translated into 15 different languages and can be found on the Advance Care Directive website.

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Complete and cut out this card and keep it with you at all times

My Substitute Decision-Makers

Name:	**Phone:**
Name:	**Phone:**
Name:	**Phone:**
Name:	**Phone:**

My Advance Care Directive can be found here:

For more information

Telephone: 1300 366 424
www.advancecaredirectives.sa.gov.au

To purchase hard copies of the guide and form visit your closest Service SA Centre.

Advance Care Directives
Department for Health and Wellbeing

The ACD brochure is available in 15 different languages on the ACD website.

Name:

Advance Care Directive

www.advancecaredirectives.sa.gov.au

Government of South Australia

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