

## ADVANCE CARE DIRECTIVE (TASMANIA)

Making an Advance Care Directive (ACD) allows you to set out, or guide, what health care and treatment you wish to receive in the future if you lose the ability to make and communicate such preferences and decisions yourself.

You can include in your ACD:

- I. Information about your values or preferences, which can guide a person making a decision about your health care; and
- 2. Specific treatments you refuse and in what circumstances.

To make an ACD you must have the ability to make decisions about your future health care and understand the consequences of making the ACD.

It is recommended that you discuss your future health concerns and treatments with your doctor or a health professional and discuss your wishes with significant people in your life such as your family, your enduring guardian and anyone else who is close to you.

Please also read the accompanying ACD Information Sheet before completing this form.

This form is compliant with the provisions of the *Guardianship and Administration Act 1995* (the Act). The Act provides for penalties for those who by dishonesty, or undue influence, induce another person to give an ACD or include a provision in an ACD that you do not want.

I his is the ACD for YOU - the person making	the directive
Print Name	Date of Birth //
Address	
Section 1. My Values, and Preferences	
The values, and preferences you express here can guide a personal example, you can include information about the following:  What is important to me for my health care  What gives me quality of life and makes my life worth living  What is important to me if I am nearing death, including m  What health outcomes I regard as acceptable  Any reasons for refusing certain treatment (for example, c	g y preferred places of care and place to die



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#### Section 2. Medical Treatment I Refuse

List the medical treatment you refuse and under what specific circumstances. It is important that you are clear as these directions may be binding on health professionals and can be used in the future if you are unable to make and communicate your own decisions.

Medical Treatment I Refuse	Under what circumstances
If there is not enough room to write all your requests additional pages need to be signed, dated and witnesse	and wishes, please attach further pages as necessary. All ed.
Your Signature – you must sign and da	te the form in the presence of all witnesses
I	(full name of person giving this ACD)
do hereby give this ACD of my own free will.	
Signature	Date/ _/
	elf you may ask someone else to fill in the form on your behalf. and the form must be completed in <b>your</b> presence. If you have they must fill in the box below.
I	(full name of person completing this form)
completed this form at the request of hereby attest that the contents are those I have been	(full name of person giving this ACD) and asked to include.
Relationship to you:	
Signature	Date / _ /



### ADVANCE CARE DIRECTIVE (TASMANIA)

#### Witnessing Requirements

Your ACD must be witnessed by two persons in the presence of each other and the person giving the ACD. If a written ACD is given by a child or young person one of the two witnesses must be a registered health practitioner. Witnesses must:

- Be over 18
- Not be a close family member (includes a close friend who provides ongoing personal support)
- Not be your carer (whether those services are provided in a paid or voluntary capacity)
- Not be the person who has assisted you to complete this form or signed the ACD on your behalf
- Not be a person who as a result of their position in a hospital, hospice, nursing home or other facility where you reside has a direct or indirect ability to control or influence your care and management at that facility
- Not be your guardian
- Not be beneficiaries in your will or have a known monetary interest in your estate

#### Witnessing Statements

As a witness to this ACD I certify that:

• I am satisfied as to the identity of the person giving the ACD; and

 $^{
m 1}$  Abbreviation Key: NAATI stands for National Accreditation Authority for Translators and Interpreters

- the person giving the ACD appears to understand that the ACD is about their future health care; and
- the person giving the ACD appears to understand the nature and effect of each statement contained in the ACD; and
- the person giving the ACD appears to have signed the form freely and voluntarily in my presence; and
- the provisions contained in the ACD in my opinion reflect the directions, preferences and values of the person making the ACD

Print Name	Print Name	
Tick $\square$ if registered health practitionter	Tick $\square$ if registered health practitionter	
Signature	Signature	
Address	Address	
Date/		
Interpreter/Translator Statemen and meet the witnessing requirements outlined a	$f{t}$ – A person who assists with interpretation or translation must be qubove.	ıalified
If an interpreter/translator is used when this	document is completed or witnessed, they must certify as follow	vs:
Print name of interpreter/translator		_
I assisted with the interpretation/translation to translate.	of this document from a language I a	m qualified
Signature	Date/	
	NATTI Number (If applicable) 1	

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### **ADVANCE CARE DIRECTIVE** (TASMANIA)

<b>Expiry date of ACD</b> – It is not essential for your ACD to have an expiry.
In some circumstances you may wish to make an ACD that only applies for a limited period of time. If this is the case you may include a date on which you wish the ACD to expire.  Please note that if you do include an expiry date any instructions you give will not be valid after this time.
This ACD expires on Date/
Revoking your ACD
You cannot vary or amend an ACD after it has been completed. If you wish to make any changes you will need to revoke (legally cancel) the ACD and make a new one.
You may revoke your ACD at any time if you have decision making ability to do so.
To revoke this ACD, complete the box below and strike through and initial each page to indicate that the ACD is no longer valid.
As soon as possible after you revoke the ACD you must advise each person you have given a copy of the ACD to that it has been revoked.
In the case of an ACD that has been registered with the Tasmanian Civil and Administrative Tribunal, you must also notify the Tribunal and have the ACD removed from the Register.
Tick here if this ACD has been revoked $\square$
You will also need to sign here to confirm that you have revoked the ACD voluntarily.
<b>Signature</b> Date/
<b>Organ and Tissue Donation</b> – This is to let health practitioners know if you have registered as an organ or tissue donor or have elected to participate in the University of Tasmania's Body Bequest Program. You cannot use this form to elect to donate your body or organs. You must apply to be included in the Australian Organ Donor

#### What to do with this form

Register or Body Bequest Program separately.

I am registered on the Australian Organ Donor register

- Keep the original with you in an easily accessible place in your home
- Give a copy to important people such as your family, your Guardian, your General Practitioner, your local hospital and others involved in your health care
- If an ambulance is called show them this form
- Upload to My Health Record through MyGov (if available)

I am a donor under the University of Tasmania's Body Bequest Program

Register the ACD with the Tasmanian Civil and Administrative Tribunal

□Yes

□Yes

□No