**HAWAII ADVANCED HEALTH CARE DIRECTIVE**

My agent shall make health-care decisions for me in accordance with my best interests and wishes so far as they are known. In determining my best interest, my agent shall consider my personal values. If a guardian of my person needs to be appoint- ed for me by a court, I nominate my agent. I designate the following individual as my agent. He/she may make all health- care decisions for me if I am unable or unwilling to make them for myself unless I direct otherwise:

**Name of Agent (Spouse, adult child, friend or other trusted person) Relationship**

Street Address City State Zip

Home Phone Work Phone E-mail If my agent is not available, I designate the following person as my alternative agent:

Name of Alternate Agent (Spouse, adult child, friend or other trusted person) Relationship

Street Address City State Zip

Home Phone Work Phone E-mail

 My agent may make all health-care decisions for me. **OR**

 My agent may make all health-care decisions for me except:

 My agent’s authority becomes effective when my primary physician determines that I am unable to make health-care decisions.**OR**

 My agent’s authority to make health-care decisions for me takes effect immediately.

# YOUR NAME: Print Your Full Name Your Signature Date

**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

Witness #1 Print Name Witness Signature Date

Address City State Zip Code

Witness #2 Print Name Witness Signature Date

Address City State Zip Code

OPTION 2: Notary Public

State of HawaiI, (County)

On this day of , in the year , before me, , (insert name of notary public) appeared , personally known to me (or proved to me on the basis of satis- factory evidence) to be the person whose name is subscribed to this instrument and acknowledged that he or she executed it.

My Commission Expires:

A copy has the same effect as the original.