

Olelo Hawaii-Niihau
(Hawaiian)



Background Information about the Multilingual Hawai‘i Advance Directive

The **Hawai‘i 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 January 2025 the HI AD is available in [13 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 Hawai‘i 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, if it is offered).

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**.

Olelo Hawaii-Niihau (Hawaiian)

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.

PALAPALA KUHIKUHI MALAMA OLAKINO NO HAWAII

Ko'u inoa:

Hope Mua Hua Palapala Inoa Waena La i Hanau ai Keia La

MAHELE 1: MANA LOIO NO KA MALAMA OLAKINO – HOOKOHU ELELE:

Ke hookohu nei au i keia kanaka malalo nei oia ko'u elele nana hooholo no ka malama ia o ko'u olakino:

Inoa ka pili o maua o ua kanaka la i hookohu ia i elele malama olakino

Helu Wahi, Alanui Kaona Mokuaina Zip

Kelepona Hale Kelepona Hele Leka Uila

Ke hoopau wa u i ka mana loio o ko'u elele a i ole ina aole oia makemake e hana, a i ole ina aole hiki, a aole oia loa paha no ka hooholo ana no'u, hookohu wau i keia kanaka malalo nei i pani:

Aoao 2 o 7 E kuka no kou Palapala Kuhikuhi Malama Olakino me kou kauka, ka poe aloha ia, a me kou elele

Inoa	ka pili o maua o ua kanaka la i hookohu ia i elele malama olakino		
Helu Wahi, Alanui	Kaona	Mokuaina	Zip
Kelepona Hale	Kelepona Hele	Leka Uila	

KA MANA A ME KE KULEANA O KA ELELE:

Na ko’u elele e hooholo i ka hana e like me ko’u kuhikuhi ana ma ka Mahele 2 o keia palapala a i ole e like no me ko’u ha’i waha ana a i ole ma ka palapala. Ina loa na manao e hooholo ai a’u i kuhikuhi ole ai, makemake au na ko’u elele no e hooholo e like no me ka’u e hooholo ai, e like no me ko’u ano manao a me ko’u makemake, aole e like me kona manao iho no. Ina pono e hookohu ia he kahu malama no ko’u elele e ka aha hookolokolo, ke hapai aku nei au i ko’u elele i moho.

KA WA E HOOMAKA AI KA MANA O KA ELELE:

Hoomaka ka mana o ko’u elele ke hooholo ko’u kauka kuleana nui ua pau ka hiki ia’u ke hooholo i ka hana pili i ko’u olakino pono koe ke maka wau i ka pahu malalo nei.

- ___ Ke maka wau i keia pahu, hoomaka koke ka mana o ko’u elele e hooholo no’u. Aka nae, e paa no wau i ka pono e hooholo i ka hana pili i ka malama ia o ko’u olakino iho. Hiki no ia’u ke hoopau i keia mana e like no me ko’u makemake ke oia mau ka pono o ko’u noonoo ana.

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.

MAHELE 2: KE KUHIKUHI ANA O KA MEA MA’I (Hiki no ia oe ke hoololi a kaha aku e holo ai i ka mea au e kuee ai. E maka me ka hua palapala o kou inoa mua me hope a me ka la o na loli.)

A. NA MANAO HOHOLO NO KA PAU ANA O KO’U OLA

- Ke loa wau i ka ma’i hiki ole ke hoola ia, a o ka make mai koe maloko o ka wa ano pokole no, A I OLE
- Ke pau ka hiki ia’u ke hai aku i ko’u makemake e pili ana i ka malama ia o ko’u olakino a hooholo ia aole au e ola hou, A I OLE
- Ke oi aku ka poino o ka lapaau ana mamua o na pomaikai i hiki ke loa.

ALAILA, Ke kuhikuhi nei au i ka poe malama i ko’u olakino a me ka poe no lakou ke kuleana e malama i ko’u olakino e aua a hoopau paha i ka lapaau ana, e like no me ko’u manao a’u i maka ai malalo nei: E maka hookahi wale no o na pahu malalo nei. Hiki no hoi ia oe ke kaha i ka hua mua o kou inoa mua me hope.

___ Makemake au e hooku a aua paha i ka lapaau ia o ko'u olakino e hooloihi ai i ko'u ola.

A I OLE

___ Makemake au e lapaau ia ko'u olakino no ka hooloihi i ko'u ola e like me ka mea hiki e like no me ka mea e hiki ai ma ka oihana lapaau olakino.

YOUR NAME:

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

B. ARTIFICIAL NUTRITION AND HYDRATION - FOOD AND FLUIDS:

Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in the preceding paragraph A unless I mark the following box.

___ If I mark this box, artificial nutrition and hydration must be provided under all circumstances as long as it is within the limits of generally accepted healthcare standards.

C. RELIEF FROM PAIN:

___ If I mark this box, I choose treatment to alleviate pain or discomfort even if it might hasten my death.

D. OTHER

___ If I mark this box, the additional instructions or information I have attached are to be incorporated into my care. (Sign and date each added page and attach to this form.)

E. WHAT IS IMPORTANT TO ME: (Optional. Add additional sheets if needed.) The things that I value and that make life worth living to me are: (examples: gardening, walking my pet, shopping, participating in family gatherings, attending church or temple):

KOU INOA:

MAHELE 2: KE KUHIKUHI ANA O KA MEA MA'I (HOOMAU IA) (Hiki no ia oe ke hoololi a kaha aku e holo ai i ka mea au e kuee ai. E maka me ka hua palapala o kou inoa mua me hope a me ka la i hoololi ia ai.)

B. HANAI MEAAI A HOOHAINU MEA INU ME KA ILI - MEAAI A ME KA MEA INU:

Pono e haawi, au'a, a hoopau ia ka meaai a me ka mea inu e like me ko'u koho ana ma ka pauku A maluna ae, koe ke maka wau i ka pahu malalo nei.

___ Ke maka wau i keia pahu, pono e haawi ia ka meaai a me ka mea inu i na wa a pau, ina pela no ke kuhikuhi ana o ka oihana lapaau olakino.

C. HOEMI EHA:

___ Ke maka wau i keia pahu, koho wau e lapaau ia ko'u olakino e hoemi ai i ka eha, ina hoeleu ia ko'u make pela a aole paha.

D. MANAO HOU AE

___ Ke maka wau i keia pahu, e hoohui pu ia na kuhikuhi hou ae a me ka hoakaka hou ae a'u i pakui ai pili i ka malama ia o ko'u olakino. (E pulima a kaha i ka la maluna o kela keia pelu hou ae a pakui me keia palapala.)

E. KA MEA KOIKOI LOA IA'U: (He Koho. E pakui i na pelu hou ae ke pono.) Eia na mea a'u e manao ai he mea nui ia'u e waiwai ai ko'u ola ana me ka hauoli: (penei paha: mahi i ka pa, hoohele i ka'u

holoholona aloha ia, hele i ka hale kuai, hui pu me ka ohana, hele i ka pule, ka hale laa paha):

Ua pakui au _____ pelu hou ae

Eia ko'u manao no ka wa kupono e hoopau ia ai ka hooloihi ana i ko'u ola ma ka hana lapaau (penei paha: Ke pau ka holo pono o ko'u noonoo ana no ka hooholo ana i ka manao, ke pau ka hiki ia'u ke hoike i ko'u manao, ke pau ka hiki ia'u ke moni me ka palekana pu, a pela aku no):

Ua pakui au _____ pelu hou ae

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

Print Your Full Name

Your Signature

Date of Birth

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

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

I (Witness 2) 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 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 #2 Print Name

Witness Signature

Date

Street Address

City

State Zip

KOU INOA: (E kuni lima imua no o na ike maka a i ole ka mea kuni no ka lehulehu)

E Kakau i Kou Inoa Piha

Kou Kuni Lima

La i Hanau ai

Keia La

NA IKE MAKA: E KOHO I KE KOHO 1 A I OLE 2, AOLE NA MEA ELUA.

He Mea Nui: Aole hiki ke hana kou elele, ka mea nana malama i kou olakino, a i ole ka limahana o ka hale malama olakino i keia hana. Hiki no hookahi pili ohana a hookahi, aole he pili ohana, aole hiki ke paa hookahi ike maka i ke kuleana hooilina nou.

KOHO 1: NA IKE MAKA

Ke hoike nei au (Ike Maka 1), ua kamaaina no au i ka mea nana e hoopihapiha nei i keia palapala kuhikuhi malama olakino, nana i kuni lima a i ole ua ae no oia i keia mana loio imua o ko'u alo, a i ko'u nana ana, ua pono no kona kulana noonoo a aohe mea nana kaohi ia ia. Aole au he pili koko, aole pili ma o ka male ana, aole he lawe hanai, a i ko'u hoomaopopo ana, aohe o'u kuleana hooilina no kona mau waiwai. Aole au ke kanaka i hookohu ia i elele maluna o keia palapala, a aole au ka mea nana malama i kona olakino, aole au he limahana o ka mea nana malama olakino a i ole ka hale malama olakino.

Ike Maka #1 Kakau Inoa

Kuni Lima o ka Ike Maka

Keia La

Helu Wahi, Alanui

Kaona

Mokuaina Zip

Ke hoike nei au (Ike Maka 2), ua kamaaina no au i ka mea nana e hoopihapiha nei i keia palapala kuhikuhi malama olakino, nana i kuni lima a i ole ua ae no oia i keia mana loio imua o ko'u alo, a i ko'u nana ana, ua pono no kona kulana noonoo a aohe mea nana kaohi ia ia. Aole au he pili koko, aole pili ma o ka male ana, aole he lawe hanai, a i ko'u hoomaopopo ana, aohe o'u kuleana hooilina no kona mau waiwai. Aole au ke kanaka i hookohu ia i elele maluna o keia palapala, a aole au ka mea nana malama i kona olakino, aole au he limahana o ka mea nana malama olakino a i ole ka hale malama olakino.

Ike Maka #2 Kakau Inoa	Kuni Lima o ka Ike Maka	Keia La
Helu Wahi, Alanui	Kaona	Mokuaina Zip

OPTION 2: NOTARY PUBLIC

State of Hawai'i,
 (City and) County of _____ } ss.

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 satisfactory evidence) to be the person whose name is subscribed to this ___-page Hawai'i Advance Health Care Directive dated on _____, in the _____ Judicial Circuit of the State of Hawai'i, and acknowledged that he/she executed the same as his/her free act and deed.

 Signature of Notary Public

My Commission Expires: _____

Place Notary Seal or Stamp Above

A copy has the same effect as the original.
www.kokuamau.org/resources/advance-directives
 Developed by the Executive Office on Aging and
 Kōkua Mau - A Movement to Improve Care
 December 2015

KOHO 2: KUNI NO KA LEHULEHU

Mokuaina o Hawaii, _____ } ss.
 (Kulanakauhale a) Kalana o _____

Ma keia la _____ o _____, makahiki _____, imua o'u nei, o _____ (inoa mea kuni no ka lehulehu), ua hiki mai o _____, (ua hooiaio mai oia me ka hoike pu i na palapala e pono ai) oia no ka mea nona ka inoa i hoike ia ma keia palapala -aoao ka loihi no ke Kuhikuhi Malama Olakino no Hawaii i kuni ia ai ma ka la _____, ma ka Aha Poai helu _____ o ka Mokuaina o Hawaii, a ke hoike aku nei au nana i hooholo e hana i keia palapala nei e like no me kona manao.

Kuni Lima o ke Kuni no ka Lehulehu

E Kuni ia ke Kuni no ka Lehulehu a i ole ke Kapala Maluna ae

Pau Ko'u Kuleana ma ka La: _____

Ua like no ka mana o ke kope me ke kope kumu.
www.kokuamau.org/resources/advance-directives Kukulu ia malalo o
 ke Keena Hooke no ka poe Makule a me
 Kokua Mau - A Movement to Improve Care
 Kekemapa 2015