

## 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. As of October 2024 the HI AD is available currently in [12 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 Hawai‘i Advance Directive, 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).

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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 *Samoa*

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

## **FA'ASINO ALA MO LE TAUSIGA O MA'I TIGAINA, TAGATA MATUTUA I TOTONU O LE SITETE O HAWA'II**

O lo’u Igoa/Suafa

\_\_\_\_\_  
Fa’ai’u Muamua (mata’itusi amata) Aso Fanau Aso

**VAEGA 1: TAUSI MA’I: MALOSI FA’ALETULAFONO A LE KAMUPANI/TAGATA TAUSI MA’I:** Ua ou tofia aloa’ia lenei tagata e faia fa’aiuga tau i le ola, soifua maloloina mo a’u:

\_\_\_\_\_  
Igoa/Suafa Faia ma le tagata ua tofia aloa’ia e fai ma sui ma tausi ma’i

\_\_\_\_\_  
Igoa/Auala A’ai/Taulaga Sitete Numela Fale Meli

\_\_\_\_\_  
Telefoni i le Fale Telefoni Feavea’i E-meli

Afai ua ou fa’aleaogaina le malosi fa’aletulafono a le tagata na ou filifilia e fai ma o’u sui; po ua le fnagalo fo’i, pe ua le avanoa le o fai ma o’u sui e faia fa’ai’uga taua mo a’u, ua ou filifilia ia le ua tau’a lo na igoa/suafa i lalo e avea ma o’u sui le tumau:

\_\_\_\_\_  
Igoa/Suafa Faia ma le tagata ua tofia aloa’ia e fai ma sui ma tausi ma’i

\_\_\_\_\_  
Igoa/Auala A’ai/Taulaga Sitete Numela Fale Meli

\_\_\_\_\_  
Telefoni i le fale Telefoni feavea’i E-meli

**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.

**O AIAIGA O LE PULE MA LE MALOSI FA’ALETULAFONO A LE TAGATA PO O LE KAPUPANI TAUSI MA’I:**

O filifiliga ma fa’aiuga uma e faia e la matou tagata tausia ma’i, e tatau o na lima ta’ita’ina i ta’iala tu’ufofoga ma ta’iala tusitusia, e pe i o na tu’uina ma i le Vaega 2. Ae afai e i ai ni si filifiliga ma fa’aiuga taua ou te le i faia ma fa’amaonia, ia avea lenei avanoa ou te tu’uina aloa’ia atu ai le fa’atagana i le sui ua ou filifilia, na te faia ia filifiliga ma fa’ai’uga mo a’u.

O ia filifiliga ma fa’aiuga e ao o na fa’avae i a’u lava tu ma agaifanua masani ma le fa’amoemoe maualuga ia manuia ai a’u, ae le o le tagata o lo’o tausia a’u. Ae a fai ae filifilia e le Ofisa o Fa’amasinoga se tasi na te tausia a’u, ua ia te a’u se manatu ou te filifilia ai la’u lava tausia ma’i (agent).

**O LE TAIMI TONU E ALOA’IA AI LE PULE MA LE MALOSI FA’ALETULAFONO A LE TAGATA PO O LE KAMUPANI TAUSI MA’I.**

E le mafai o na aloa’ia fa’aletulafono le pule ma le malosia a le tagata tausia ma’i po o le kamupani tausia ma’i fo’i, se i vagana ai ua siaki pe fa’aekisi fo’i le pusa fa’atafafa ua saunia i lalo.

- O le taimi lava e siaki ai pe fa’aekisi le pusa fa’atafafa e pei o na saunia, o le taimi tonu fo’i lena e aloa’ia ai aiaiga fa’aletulafono. Ae ui lava i lea, e tumau pea ia te a’u le aia tatau ma le filifiliga sa’oloto e fai ai a’u lava fa’aiuga ma filifiliga fa’alesoifua maloloina. E atoa ai ma le aia tatau fa’aletulafono ou te fa’aleaogaina ai le aiaiga fa’aletulafono, pe afai o tumau pea le maloloina o le mafaufau ia te a’u.

**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.

**VAEGA 2: TA'IALA** (E tumau pea ia te oe le pule ma le aia tatau e toe fetu'una'i ai ma fai ni suiga pe a e finagalo ai; ae fa'amolemole fa'ailoa mai, tusi i lalo mata'itusi amata o lou suafa ma le aso fo'i na fai ai le suiga).

**A. TOE TAIMI, MAVAEGA, FA'ATONUGA, MEA E TATAU FAI**

- Afai ua mautinoa ua le toe fo'i i se lelei le ma'i po o le gasegase, ma ua latalata fo'i le toe taimi; OR
- Afai ua le mafai o na ou toe tautala, ma fa'ailoa mai se manatu e tusa ai ma toe taimi ma tausiga, i ai; OR
- Afai ua mafatia, mamafa tele togafitiga, ma ua leai fo'i se i si lava togafiti po o se vaifofo.

**POLOA'IGA: MANATU, FILIFILIGA SA'OLOTO** Ia poloa'ia foma'i ma le au tausima ma'i ia taofia uma loa tausiga, togafitiga ma taumafaiga uma e tusa ai ma le filifiliga e pe i o na fa'ailoa mai i le ekisi: Fa'aekisi pe siaki le poloka/pusa e tasi. E mafai fo'i o na fa'aoga na o mata'i tusi muamua o lou igoa.

Ua i ai se manatu ia te a'u ia taofia loa tausiga fa'afoma'i e o na fa'aumiumi ai ma fa'afualoa lo'u ola

OR

Ia fa'atagaina pea na o tausiga fa'afoma'i e fa'aumiumi ai lo'u Ola e pe i o na aiaia i lalo o tu'utu'uga ma aiaiga masani a le falema'i.

**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.

**B. MEA AI, MEA INU SAUNIA FA'APITOA - MEA AI, MEA INU E MASANI AI:**

Ia aumai uma mea 'ai ma mea inu ua saunia fa'apitoe e pe i o na ou fa'atonuina atu i le vaega po o le palakalafa A, se i vagana ai ua siaki po ua fa'aekisi fo'i le poloka fa'atafafa e pe i o na saunia.

E tatau o na aumai mea ai ma mea inu fa'apitoe uma e tusa ai ma aiaiga e pe i tu'uina mai i le ta'iala ma aiaiga masani o le soifua maloloina.

**C. RELIEF FROM PAIN:**

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

**C. MALOLOGA PE A FAI UA TIGAINA TELE:**

Afai ua fa'aekisi lenei pusa, ia iloa ma silafia ai, ua ia te a'u se manatu e sailia pea togafitiga e malolo ai i le mafatia ma le tigaina o le tino, tusa lava pe afai e o na o'o mai ai ia te a'u le maliu ma le oti.

**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.)

**D. TA'IALA FA'APOPO**

Afai ua fa'aekisi lenei pusa, o lona uiga, ua i ai ni si ta'iala po o ni fa'atonuga, e fa'aopopo i le tausiga o lo'u ma'i. (Ia sainia le suafa ma le aso i le itulau fa'aopopo ma fa'apipi'i fa'atasi ma le pepa ua uma o na saunia.)

**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):

**E. VAEGA E SILI O NA TAUA IA TE A'U:** (E le fa'amalosia. E mafai lava o na toe fa'aopopo ni si laupepa pe afai e mana'omia.) (fa'ata'ita'iga: fai togala'au, fa'asavali se fagafao, se tama'i maile po se tama'i pusi, fa'atau, tafaoga ma ni si o le Aiga, alu i le lotu po o se malumalu fo'i):

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I have attached \_\_\_\_\_ additional sheet/s  
Ua fa'apipii atu i \_\_\_\_\_ kopi fa'aopopo

Ia fa'asoa ma fa'atalanoaina le Ta'iala mo le Tausiga o le Soifua Maloloina ma lou foma'i, aiga ma se tagata o fai ma ou sui.

My thoughts about when I would not want my life prolonged by medical treatment (Examples include: If I no longer have the mental capacity to make my own decisions, if I have lost all ability to communicate, if I can no longer safely swallow, etc):

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I have attached \_\_\_\_\_ additional sheet/s

O se manatu ia te a'u, pe afai ou te le mana'o e fa'aumiumi lo'u ola e ala i le tausiga fa'afoma'i (e aofia ai mea nei, mo se fa'ata'ita'iga:

Afai ua le o toe i ai ia te a'u le tomai ma le malamalama fa'alemafaufau e fai ai a'u lava filifiliga, pe afai ua le toe mafai o na ou tautala, pe ua le toe mafai fo'i o ou 'ai se mea ai, e pe i o na masani ai):

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I have attached \_\_\_\_\_ additional sheet/s  
Ua fa'apipii atu i \_\_\_\_\_ kopi fa'aopopo

Ia fa'asoa ma fa'atalanoaina le Ta'iala mo le Tausiga o le Soifua Maloloina ma lou foma'i, aiga ma se tagata o fai ma ou sui.



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.

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Witness #2 Print Name	Witness Signature	Date
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Street Address	City	State	Zip
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O (a'u o le Molimau # 2 ), ou te ta'utino atu ma lo'u fa'amaoni atoa ou te masani ma iloa lelei le tagata o le o lo'o fa'atumuina leni pepa aloa'ia, e malamalama lelei, ma e le lualuagia fo'i lona mafaufau. Ou te le tau i ai fa'aleaiga, pe tautoto, pe na tausi fo'i a'u fa'atama fai. E tusa ai ma lo'u iloa, e le o maua fo'i so'u fa'amanuiaga mai i la na Esetete. E le o a'u le tagata lea e filifilia pe tofia e tusa ai ma leni pepa o fa'amaumauga. E le o a'u fo'i o se tausi ma'i, po o se tagata faigaluega a le kamupani tausi ma'i.



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Molimau #2	Saini a le Molimau	Aso
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Tuatasi Auala	Taulaga	Setete	Numela Fale Meli
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**OPTION 2: NOTARY PUBLIC**

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

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.kokuamaui.org/resources/advance-directives](http://www.kokuamaui.org/resources/advance-directives)  
Developed by the Executive Office on Aging and  
Kōkua Mau - A Movement to Improve Care  
December 2015

**VAEGA 2: SUI O LE MALO**

Sitete o Hawaii  
(Malo fa'a Itumalo o le Taulaga, Aai o Honolulu)

O lenei \_\_\_\_\_ Aso o \_\_\_\_\_, tausaga \_\_\_\_\_, i o'u luma, \_\_\_\_\_, (igoa/suafa sui o le malo) i o'u luma \_\_\_\_\_, ou te iloa (ma ua fa'ailoa mai ia te a'u e ala i fa'amaoniga aloa'ia, fa'aletulafono) o le tagata tonu lea e fa'asino tonu i ai le igoa/suafa e pe i o na tu'uina mai \_\_\_ i le itulau o le Fa'asino Ala mo le Tausiga o Tagata Matutua i lenei Aso \_\_\_\_\_, Fa'amasinoga i le Sitete of Hawaii, ma ua fa'ailoa mai lona auai mai ua faia i lona lava filifiliga sa'oloto.



Saini a le Sui o le Malo

O lo'u aloa'ia fa'aletulafono e mae'a i le Aso: \_\_\_\_\_

Ia fa'apipi'i le Tagavai ma le Fa'ailoga Aloa'ia i Luga

**E tutusa lava kopi ma le fa'aaliga aloa'ia.**  
[www.kokuamaui.org/resources/advance-directives](http://www.kokuamaui.org/resources/advance-directives)  
Saunia aloaia e le Ofisa Mauauga mo Tagata Matutua ma le Fa'alapotopotoga o le Kokua Mau- Taumafaiga mo le fa'aleleia atili o le Tausiga ma le Soifua Maloloina

Tesema 2015