

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 relative
- 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 under the *Guardianship and Administration Act 1995*
- 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
- 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 if registered health practitioner

Tick if registered health practitioner

Signature _____

Signature _____

Address _____

Address _____

Date ____/____/____

Date ____/____/____

Interpreter/Translator Statement – A person who assists with interpretation or translation must be qualified and meet the witnessing requirements outlined above.

If an interpreter/translator is used when this document is completed or witnessed, they must certify as follows:

Print name of interpreter/translator _____

I assisted with the interpretation/translation of this document from _____ a language I am qualified to translate.

Signature _____

Date ____/____/____

NAATI Number (If applicable)¹ _____

¹ Abbreviation Key: NAATI stands for National Accreditation Authority for Translators and Interpreters

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Expiry date of ACD – 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

You will also need to sign here to confirm that you have revoked the ACD voluntarily.

Signature _____

Date ____/____/____

Organ and Tissue Donation – 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 Register or Body Bequest Program separately.

I am registered on the Australian Organ Donor register

Yes No

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

Yes No

What to do with this form

- 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)
- Register the ACD with the Tasmanian Civil and Administrative Tribunal