

MARYLAND ADVANCE DIRECTIVE:  
PLANNING FOR FUTURE HEALTH CARE DECISIONS

馬裡蘭州事先囑托  
未來醫療事務決策規劃

By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Name) (Month/Day/Year)  
陳述人: 出生日期:  
(正體書寫姓名) (月/日/年)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

使用此事先囑托表來規劃醫療事務完全出于自願。其他有關表格在馬裡蘭州也同樣有效。不論使用何類表格,都需向家人和其他親友說明你的意願。

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

這份表格的前兩個部份供你表達自己的意願,第三部份用于簽名。表格第一部份供你回答這樣一個問題:如果你無法(或不願)自行決定醫療事宜,你希望誰替你決定?你選擇的人即成為你的醫療事務代理人。**請務必將此事的重要性告知你的醫療事務代理人(及任何後備代理人)。**第二部份供你寫下在以下三種情況下你選擇怎樣延長你的生命:疾病晚期、持續植物人狀態和瀕危狀態。除了規劃你的醫療事務決策以外,你還可以通過填寫這份表格表示是否願在死後捐出自己的器官。

→ You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes, then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive. ←

你可選擇同時填寫這份表格的第一和第二部份,或也可只填寫第一部份或第二部份。通過這份表格表達你的意願,然後當著兩位證人的面簽字(第三部份)。如果你的意願有變,請填寫新的事先囑托。

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

表格填寫完成以後，務必將表格的副本分別交給你的醫療事務代理人、你的醫生和可能需要這份表格的其他人。另在自己家裡保留一份副本，以備有人在需要時取用。定期檢查你所填寫的內容。

**PART I: SELECTION OF HEALTH CARE AGENT**  
**第一部份:選擇醫療事務代理人**

**A. Selection of Primary Agent**  
選擇主要代理人

I select the following individual as my agent to make health care decisions for me:  
本人選擇以下個人為我的代理人，代替我作出醫療方面的決定：

**Name: /姓名：**

\_\_\_\_\_

**Address:/地址:**

\_\_\_\_\_

\_\_\_\_\_

**Telephone Numbers:**

**電話號碼:**

\_\_\_\_\_ (home and cell)/(住家電話和手機)

**B. Selection of Back-up Agents**  
(Optional; form valid if left blank)

**選擇後備代理人**

(非必填項目:如不填寫,表格仍然有效)

1. If my primary agent cannot be contacted in time or for any reason is unavailable or unable or unwilling to act as my agent, then I select the following person to act in this capacity:

如果無法及時與我的主要代理人取得聯繫，或出于任何原因我的主要代理人無法理事，或無法或不願擔任我的代理人，我選擇以下個人代行其事：

**Name:**

**姓名:**

\_\_\_\_\_

**Address:**

**地址:**

\_\_\_\_\_

**Telephone Numbers:**

**電話號碼:**

\_\_\_\_\_

(home and cell)/(住家電話和手機)

2. If my primary agent and my first back-up agent cannot be contacted in time or for any reason are unavailable or unable or unwilling to act as my agent, then I select the following person to act in this capacity:

如果無法及時與我的主要代理人和我的第一順位後備代理人取得聯繫，或出于任何原因主要代理人 and 第一順位後備代理人都無法理事，或無法或不願擔任我的代理人，我選擇以下個人代行其事：

**Name:**  
**姓名:**

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**Address:** \_\_\_\_\_  
**地址:**

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**Telephone Numbers:**  
**電話號碼:**

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(home and cell)/(住家電話和手機)

### **C. Powers and Rights of Health Care Agent** **醫療事務代理人之權力與權利**

I want my agent to have full power to make health care decisions for me, including the power to:

我委託我的醫療代理人全權代表我處理一切醫療事務，其中包括：

1. Consent or not to medical procedures and treatments which my doctors offer, including things that are intended to keep me alive, like ventilators and feeding tubes;

決定是否接受我的醫生提出的醫療程序和治療方案,包括使用什麼樣的維持我的生命的器材,如氧氣管和胃管;

2. Decide who my doctor and other health care providers should be; and

決定誰可以擔任我的醫護人員；並

3. Decide where I should be treated, including whether I should be in a hospital, nursing home, other medical care facility, or hospice program.

決定我應該在何處接受治療，包括我是否應該住進醫院、養老院、其他醫療設施，或是否參加專人護理計劃。

4. I also want my agent to:

我還委託我的代理人：

- a. Ride with me in an ambulance if ever I need to be rushed to the hospital; and  
一旦我需要送院急救，她/他可以 與我在救護車內同行；並可以
- b. Be able to visit me if I am in a hospital or any other health care facility.

在我住院或進入任何其他醫療設施期間，能前往探視。

*THIS ADVANCE DIRECTIVE DOES NOT MAKE MY  
AGENT RESPONSIBLE FOR ANY OF THE COSTS OF  
MY CARE.*

**事先囑托並不責成我的  
代理人承擔我的任何醫療護理費用**

This power is subject to the following conditions or limitations:  
(Optional; form valid if left blank)

此項權力受以下條件或規定限制:  
(非必填項目,如不填寫,表格仍然有效)

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**D. How my Agent is to Decide Specific Issues**  
**我的(醫療)代理人如何對具體事項做出決定**

I trust my agent's judgment. My agent should look first to see if there is anything in Part II of this advance directive that helps decide the issue. Then, my agent should think about the conversations we have had, my religious and other beliefs and values, my personality, and how I handled medical and other important issues in the past. If what I would decide is still unclear, then my agent is to make decisions for me that my agent believes are in my best interest. In doing so, my agent should consider the benefits, burdens, and risks of the choices presented by my doctors.

我充分相信我的代理人的判斷。我的代理人應該首先查看事先囑托第二部份中是否包含有助于對問題做出決定的任何內容。然後我的代理人應該回顧我們過去的談話內容，參考我的宗教和其他信仰與價值觀、我的個性，以及以往我處理醫療和其他重要問題的情況。如

果對我會如何做出決定仍然不明確，我的代理人應該考慮到我的醫生提出的治療方案有哪些利弊和風險，以帶給我的最大利益為前提替我做出決定。

**E. People My Agent Should Consult**  
(Optional; form valid if left blank)

In making important decisions on my behalf, I encourage my agent to consult with the following people. By filling this in, I do not intend to limit the number of people with whom my agent might want to consult or my agent's power to make decisions.

為了代替我做出重大決定,我希望我的代理人徵求以下諸位人士的意見。我雖然填寫了以下表格,但並不意謂限制我的代理人征求其他人的意見,也不限制我的代理人的決定權。

**我的代理人應該徵求以下諸位的意見**  
(非必填項目,如不填寫,表格仍然有效)

**Name(s)**  
**姓名**

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**Telephone Number(s):**  
**電話號碼:**

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## F. In Case of Pregnancy

(Optional, for women of child-bearing years only; form valid if left blank)

### 懷孕婦女

(非必填項目,僅適用於育齡期婦女,如不填寫,表格仍然有效)

If I am pregnant, my agent shall follow these specific instructions:

如果我懷孕,我的代理人需遵照以下具體要求:

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## G. Access to my Health Information – Federal Privacy Law (HIPAA) Authorization 查閱我的健康信息 - 聯邦隱私法(醫療保險信息交換與保密法案)授權

1. If, prior to the time the person selected as my agent has power to act under this document, my doctor wants to discuss with that person my capacity to make my own health care decisions, I authorize my doctor to disclose protected health information which relates to that issue.

在這份我指定代理人的文件生效之前,如果我的醫生希望就我是否具備自行做出醫療決定的能力與該人商議,我授權我的醫生提供與該事項有關的保密健康信息。

2. Once my agent has full power to act under this document, my agent may request, receive, and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records and other protected health information, and consent to disclosure of this information.

一旦有關我的代理人的文件全面開始生效,我的代理人可全權要求、接受和查閱任何有關我的身體或精神健康的口頭或書面信息,其中包括但不限于病例和醫院記錄及其他保密健康信息,並對是否向外提供這類信息起裁決作用。

3. For all purposes related to this document, my agent is my personal representative under the Health Insurance Portability and Accountability Act (HIPAA). My agent may sign, as my personal representative, any release forms or other HIPAA-related materials.

對於與本文件有關的所有事項,根據醫療保險信息交換與保密法案(HIPAA),我的代理人是我的個人代表。我的代理人可作為我的個人代表在任何受讓書或其他與該法案有關的材料上簽字。

## H. Effectiveness of this Part

(Read both of these statements carefully. Then, initial **one** only.)

## 本部份內容的生效

(仔細閱讀以下兩項聲明。然後僅在其中一處簽姓氏的第一個字母。)

My agent's power is in effect:

我的代理人之權力在以下情況下生效:

1. Immediately after I sign this document, subject to my right to make any decision about my health care if I want and am able to.

我在本文件上簽字後立即生效,但在我需要並有能力的情況下,我有權為我的醫療事務做出任何決定。



>>OR/或<<

2. Whenever I am not able to make informed decisions about my health care, either because the doctor in charge of my care (attending physician) decides that I have lost this ability **temporarily**, or my attending physician and a consulting doctor agree that I have lost this ability **permanently**.

在我無法清醒地為我的醫療事務做出決定的任何時候生效,或者因為負責對我施治的醫生(主治醫生)判斷我已經**暫時**失去這種能力,或因為我的主治醫生和會診醫生都同意我已經**永久**失去這種能力。



**If the only thing you want to do is select a health care agent, skip Part II. Go to Part III to sign and have the advance directive witnessed. If you also want to write your treatment preferences, go to Part II. Also consider becoming an organ donor, using the separate form for that.**

如果你唯一希望做的只是選擇一位醫療事務代理人,請跳過第二部份。在第三部份簽字並請人為事先囑托作證。如果你還希望就治療方式的選擇提出你自己的期望,需填寫第二部份。如考慮捐獻器官,可另填有關的表格。

PART II: TREATMENT PREFERENCES (“LIVING WILL”)  
第二部份:選擇治療方式 (“生前意願 “)

**A. Statement of Goals and Values**  
(Optional: Form valid if left blank)

**願望與價值聲明**  
(非必填項目：如不填寫，表格仍然有效)

I want to say something about my goals and values, and especially what’s most important to me during the last part of my life:

我希望對我的願望和價值略作陳述，特別需要說明，在我生命的最後階段什麼對我最重要：

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**B. Preference in Case of Terminal Condition**

(If you want to state what your preference is, initial **one** only. If you do not want to state a preference here, cross through the whole section.)

**疾病晚期的選擇**  
(如果你希望說明你的選擇是什麼,僅需在**其中一處**簽姓氏的第一個字母。如果你不希望在這裡說明你的選擇,劃去整個段落。)

**If my doctors certify that my death from a terminal condition is imminent, even if life-sustaining procedures are used:**

**如果我的醫生確定,我患病已到晚期,即將死亡,即使採取維持生命的措施也無濟于事:**

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.  
讓我保持舒適狀態,允許自然死亡發生。我不希望採取任何醫療手段試圖延長我的生命。我不希望通過胃管或其他醫療方式進食和輸液。

>>OR/或<<





2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

讓我保持舒適狀態,允許自然死亡發生。我不希望採取醫療手段試圖延長我的生命。但如果我無法通過口腔獲得足夠的養料,我希望通過胃管或其他醫療方式進食和輸液。

>>OR/或<<

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

儘可能延長我的生命,採取一切根據合理的醫學判斷認為有可能防止或延緩我死亡的現有手段。如果我無法通過口腔接受足夠的養料,我希望通過胃管或其他醫療方式進食和輸液。

### C. Preference in Case of Persistent Vegetative State

If you want to state what your preference is, initial **one** only. If you do not want to state a preference here, cross through the whole section.)

#### 處于持久性植物人狀態時的選擇

(如果你希望說明你的選擇是什麼,僅需在其中一處簽姓氏的第一個字母。如果你不希望在這裡說明你的選擇,劃去整個段落。)

**If my doctors certify that I am in a persistent vegetative state, that is, if I am not conscious and am not aware of myself or my environment or able to interact with others, and there is no reasonable expectation that I will ever regain consciousness:**

**如果我的醫生確定我處于持久性植物人狀態,即我已失去意識,喪失對自我或所處環境的感覺,或無法與他人交流,而且沒有理由期待我會恢復意識:**

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

讓我保持舒適狀態,允許自然死亡發生。我不希望採取任何醫療手段試圖延長我的生命。我不希望通過胃管或其他醫療方式進食和輸液。

>>OR/或<<

2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough

nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

讓我保持舒適狀態,允許自然死亡發生。我不希望採取醫療手段試圖延長我的生命。但如果我無法通過口腔獲得足夠的養料,我希望通過胃管或其他醫療方式進食和輸液。

>>OR/或<<



3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

儘可能延長我的生命,採取一切根據合理的醫學判斷認為有可能防止或延緩我死亡的現有手段。如果我無法通過口腔接受足夠的養料,我希望通過胃管或其他醫療方式進食和輸液。



#### D. Preference in Case of End-Stage Condition

(If you want to state what your preference is, initial **one** only. If you do not want to state a preference here, cross through the whole section.)

##### 處于瀕危狀態時的選擇

(如果你希望說明你的選擇是什麼,僅需在其中一處簽姓氏的第一個字母。如果你不希望在這裡說明你的選擇,劃去整個段落。)

**If my doctors certify that I am in an end-state condition, that is, an incurable condition that will continue in its course until death and that has already resulted in loss of capacity and complete physical dependency:**

**如果我的醫生確定我處于瀕危狀態,即達到無法醫治的程度並將持續到死亡,同時因此已導致功能喪失,完全無法獨立行動:**

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

讓我保持舒適狀態,允許自然死亡發生。我不希望採取任何醫療手段試圖延長我的生命。我不希望通過胃管或其他醫療方式進食和輸液。

>>OR/或<<



2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

讓我保持舒適狀態,允許自然死亡發生。我不希望採取醫療手段試圖延長我的生命。但如果我無法通過口腔獲得足夠的養料,我希望通過胃管或其他醫療方式進食和輸液。

>>OR/或<<  
或

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

儘可能延長我的生命,採取一切根據合理的醫學判斷認為有可能防止或延緩我死亡的現有手段。如果我無法通過口腔接受足夠的養料,我希望通過胃管或其他醫療方式進食和輸液。

E. **Pain Relief**  
**止痛**

No matter what my condition, give me the medicine or other treatment I need to relieve pain.

不論我處於什麼狀態,給予我需要用於緩解疼痛的藥物或實施其他治療方法。

F. **In Case of Pregnancy**  
(Optional, for women of child-bearing years only; form valid if left blank)

**懷孕婦女**  
(非必填項目,僅適用於育齡期婦女,如不填寫,表格仍然有效)

If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

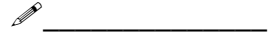
如果我已懷孕,我對於維持生命措施的決定應按以下要求予以調整:

G. **Effect of Stated Preferences**  
(Read both of these statements carefully. Then, initial **one** only.)

**上述意願的生效**  
(仔細閱讀以下兩項聲明。然後僅在其中一處簽姓氏的第一個字母。)

1. I realize I cannot foresee everything that might happen after I can no longer decide for myself. My stated preferences are meant to guide whoever is making decisions on my behalf and my health care providers, but I authorize them to be flexible in applying these statements if they feel that doing so would be in my best interest.

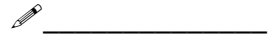
我知道我無法預測在我不再能自行做出決定後可能發生的所有情況。我陳述以上意願，供代替我做出決定的人和為我提供醫療服務的人員遵照行事，但我授權他們，如果在他們認為符合我的最大利益的前提下，可靈活處理所陳述的事項。



>>OR/或<<

2. I realize I cannot foresee everything that might happen after I can no longer decide for myself. Still, I want whoever is making decisions on my behalf and my health care providers to follow my stated preferences exactly as written, even if they think that some alternative is better.

我知道我無法預測在我不再能自行做出決定後可能發生的所有情況。我仍然要求代替我做出決定的人和為我提供醫療服務的人員，即使他們認為其他某些方案更為合適，也必須嚴格遵照我以上文字陳述的意願。



**PART III: SIGNATURE AND WITNESSES**  
**第三部份:簽字和見證**

By signing below as the Declarant, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand its purpose and effect. I also understand that this document replaces any similar advance directive I may have completed before this date.

本人作為陳述人在下方簽字，謹此說明本人在情緒和精神方面有能力完成此事先囑托，且本人知悉其作用及效力。本人還承認，本文件取代任何本人可能在此日期前簽署的任何同類事先囑托。

\_\_\_\_\_  
(Signature of Declarant)

(陳述人簽字)

\_\_\_\_\_  
(Date)

(日期)

The Declarant signed or acknowledged signing this document in my presence and, based upon personal observation, appears to be emotionally and mentally competent to make this advance directive.

陳述人當者本人的面簽署或認可簽署本文件，同時根據本人從外表觀察，陳訴人在情緒和精神方面是有能力完成此事先囑托。

\_\_\_\_\_  
(Signature of Witness)

(見證人簽字)

\_\_\_\_\_  
(Date)

(日期)

\_\_\_\_\_  
Telephone Number(s):

電話號碼：

\_\_\_\_\_  
(Signature of Witness)

(見證人簽字)

\_\_\_\_\_  
(Date)

(日期)

\_\_\_\_\_  
Telephone Number(s):

電話號碼：

**(Note: Anyone selected as a health care agent in Part I may not be a witness. Also, at least one of the witnesses must be someone who will not knowingly inherit anything**

from the Declarant or otherwise knowingly gain a financial benefit from the Declarant's death. Maryland law does **not** require this document to be notarized.)

(備註:陳訴人在第一部份被指定的為醫療事務代理人者不可作為見證人。而且至少有一位見證人不屬事先知悉將繼承陳述人任何財物的人士,也不屬事先知悉將因陳述人去世而獲得財務利益者。馬裡蘭州法律並不要求本文件獲得公證。)

AFTER MY DEATH  
本人死亡後有關事宜

By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Name) (Month/Day/Year)

陳述人: \_\_\_\_\_ 出生日期: \_\_\_\_\_  
(正體書寫姓名) (月/日/年)

(Initial the ones that you want. Cross through any that you do not want.)  
(在你願意的事項上簽姓氏的第一個字母。劃去任何你不願意的事項。)

Upon my death I wish to donate:  
本人願在死亡後捐贈：

Any needed organs, tissues, or eyes. \_\_\_\_\_  
任何所需的器官、組織或眼睛。

Only the following organs, tissues, or eyes: \_\_\_\_\_  
僅以下器官、組織或眼睛：

*I authorize the use of my organs, tissues, or eyes:*  
本人授權使用我的器官、組織或眼睛:

For transplantation \_\_\_\_\_  
用于移植

For therapy \_\_\_\_\_  
用于治療

For research \_\_\_\_\_  
用于研究

For medical education \_\_\_\_\_  
用于醫學教育

For any purpose authorized by law \_\_\_\_\_  
用于法律授權的任何用途

I understand that no vital organ, tissue, or eye may be removed for transplantation until after I have been pronounced dead. *This document is not intended to change anything about my health care while I am still alive. After death, I*

authorize any appropriate support measures to maintain the viability for transplantation of my organs, tissues, and eyes until organ, tissue, and eye recovery has been completed. I understand that my estate will not be charged for any costs related to this donation.


本人知悉，任何供移植之用的關鍵器官、組織或眼睛只有在宣佈我已經死亡之後方可摘取。本文件無意在本人仍然活著的情況下改變涉及我的醫療事務的任何事項。本人授權在我死亡後採取任何適當的保障設施維持我的器官、組織和眼睛的功能用于移植，直至摘取器官、組織和眼睛的過程完成為止。本人知悉，我的財產將不用于支付與捐贈有關的任何費用。

## PART II: DONATION OF BODY

### 第二部份:捐贈遺體

After any organ donation indicated in Part I, I wish my body to be donated for use in a medical study program.

在根據第一部份捐贈器官以後，本人希望捐贈我的遺體供醫學研究項目之用。

 \_\_\_\_\_

## PART III: DISPOSITION OF BODY AND FUNERAL ARRANGEMENTS

### 第三部份:遺體處理與喪葬安排

I want the following person to make decisions about the disposition of my body and my funeral arrangements: (Either initial the first or fill in the second.)

本人委託以下個人全權處理我的遺體和我的喪葬安排等相關事宜(或者在第一項上簽姓氏的第一個字母，或者填寫第二項。)

The health care agent who I named in my advance directive.

本人在事先囑托中指定的醫療事務代理人。

>>OR/或<<

 \_\_\_\_\_

This person:  
>>OR/或<<

以下個人

 \_\_\_\_\_

Name:

姓名：

Address:

地址：



Telephone Number(s):

電話號碼：

(Home and Cell)/(住家電話和手機)

If I have written my wishes below, they should be followed. If not, the person I have named should decide based on conversations we have had, my religious or other beliefs and values, my personality, and how I reacted to other peoples' funeral arrangements. My wishes about the disposition of my body and my funeral arrangements are:

如果本人在此寫下我的意願,有關意願應得到遵循。否則,本人指定的人應參考我們過去的談話內容、我的宗教或其他信仰和價值觀、我的個性以及我對其他人的喪葬安排事宜的反應做出決定。本人對處理我的遺體和我的喪葬安排有如下意願：

#### PART IV: SIGNATURE AND WITNESSES

### 第四部份:簽字和見證

By signing below, I indicate that I am emotionally and mentally competent to make this donation and that I understand the purpose and effect of this document.

本人在下方簽字，謹此說明我在情緒和精神方面有能力的表達捐贈意願，且捐贈人知悉此文件的作用及效力。

\_\_\_\_\_  
(Signature of Donor)  
(捐贈人簽字)

\_\_\_\_\_  
(Date)  
(日期)

The Donor signed or acknowledged signing the foregoing document in my presence and, based upon personal observation, appears to be emotionally and mentally competent to make this donation.

捐贈人當本人的面簽署或認可簽署以上文件，同時根據本人從外表觀察，捐贈人在情緒和精神方面有能力的表達捐贈意願。

\_\_\_\_\_  
(Signature of Witness)  
(見證人簽字)  
(日期)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Telephone Number(s):  
電話號碼：

\_\_\_\_\_  
(Signature of Witness)  
(見證人簽字)  
(日期)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Telephone Number(s): /電話號碼:

## *Did You Remember To ...?*

### *你是否記得... .. ?*

- Fill out Part I if you want to name a health care agent?  
如果希望指定醫療事務代理人，已填寫第一部份？
- Name one or two back-up agents in case your first choice as health care agent is not available when needed?

指定一、二位後備代理人，以備醫療事務代理人的第一人選在需要之時無法理事？

- Talk to your agents and back-up agent about your values and priorities, and decide whether that's enough guidance or whether you also want to make specific health care decisions in the advance directive?

向你的代理人和後備代理人介紹你的價值觀和事項的輕重緩急，並確定事先囑托是否已經準備了充份的指導，或者你還需要做出更具體的醫療決定？

- If you want to make specific decisions, fill out Part II, choosing carefully among alternatives?

如果你希望做出具體的決定，填寫第二部份並仔細斟酌有關事項。

- Sign and date the advance directive in Part III, in front of two witnesses who also need to sign?

當著兩位也需要簽字的見證人的面在事先囑托第三部份簽字並注明日期？

- Look over the "After My Death" form to see if you want to fill out any part of it?

閱讀過“本人死亡後有關事宜”相關部份,對哪些是需要填寫的部份有所考慮?

- Make sure your health care agent (if you named one), your family, and your doctor know about your advance care planning?

確定你的醫療事務代理人(如果你已經指定代理人)、你的家人和你的醫生都了解你的事先醫療規劃?

- Give a copy of your advance directive to your health care agent, family members, doctor, and hospital or nursing home if you are a patient there?

提交你的醫療事務代理人、家庭成員和醫生一份事先囑托的副本,如果你是住院病人或住在養老院,也提交給醫院和養老院一份該副本。