



Configuring a Digital ID in Adobe

This fact sheet provides instructions for Substitute Decision-Makers and interpreters on how to configure a digital ID in [Adobe](#) to enable you to use a digital signature (sign electronically) on a person's Advance Care Directive Form. Adobe Acrobat Reader is a free software used to access and read PDF documents.

If you do not already have Adobe installed on your computer, you can download it [here](#). Once downloaded, please follow your computer prompts for installation.

Digital signatures are enabled for the Substitute Decision-Maker section (Part 5) and the interpreter section (Part 8) of the PDF Fillable Advance Care Directive Form. See Fig 1 and Fig 2.

Please note that if you are the person making an Advance Care Directive, you must sign your Form manually (using a pen), in front of an authorised witness. Your authorised witness must also sign your Form manually.

Fig 1.

Your initial:	Witness initial:	Date: / /	ADVANCE CARE DIRECTIVE FORM
---------------	------------------	-----------	------------------------------------

PART 5

Substitute Decision-Maker Acceptance

Each Substitute Decision-Maker you appoint must read the Information for Substitute Decision-Makers and sign this Form before you and your witness sign.

Substitute Decision-Maker (first preferred)

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z' if you are not appointing a first preferred person

Full name:*	<input style="width: 100%;" type="text"/>
Signature:*	<input style="width: 100%;" type="text"/>
Date (dd/mm/yyyy):*	<input style="width: 100%;" type="text"/>

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z' if you are not appointing an additional person.

Full name:*	<input style="width: 100%;" type="text"/>
Signature:*	<input style="width: 100%;" type="text"/>
Date (dd/mm/yyyy):*	<input style="width: 100%;" type="text"/>

Fig 2.

Your initial:	Witness initial:	Date: / /	ADVANCE CARE DIRECTIVE FORM
---------------	------------------	-----------	------------------------------------

PART 8	Interpreter statement
---------------	------------------------------

If an interpreter assisted in the preparation of this document:

If an interpreter helped you to prepare this document, they complete this section. They can fill in this section before the document is witnessed or at the time the document is witnessed.

Refer to the **Information for Interpreters and Part 8 of the Do-It-Yourself Guide**.


Cross out this section by placing a large 'Z' if an interpreter was not used in the preparation of this document.

Name of interpreter:*	
-----------------------	--

If accredited with the National Accreditation Authority:

NAATI number:	
---------------	--

I meet the requirements of an interpreter under Section 14(2) of the Act.
I provided a true and correct interpretation to facilitate the witnessing of the document.

Signature of interpreter:*	
Date (dd/mm/yyyy):*	/ /

You have reached the end of this Form.

It is recommended that you **review your Advance Care Directive every two years**, or whenever there is a change in your personal or medical circumstances.

- Please keep your original Advance Care Directive safe and accessible for when it is needed.
- Ensure that your Substitute Decision-Maker/s (if any) has read and understood the contents of your Advance Care Directive.
- Your Advance Care Directive can be uploaded to your My Health Record and should be shared with your Substitute Decision-Maker/s and relevant health practitioner/s and/or health service/s.

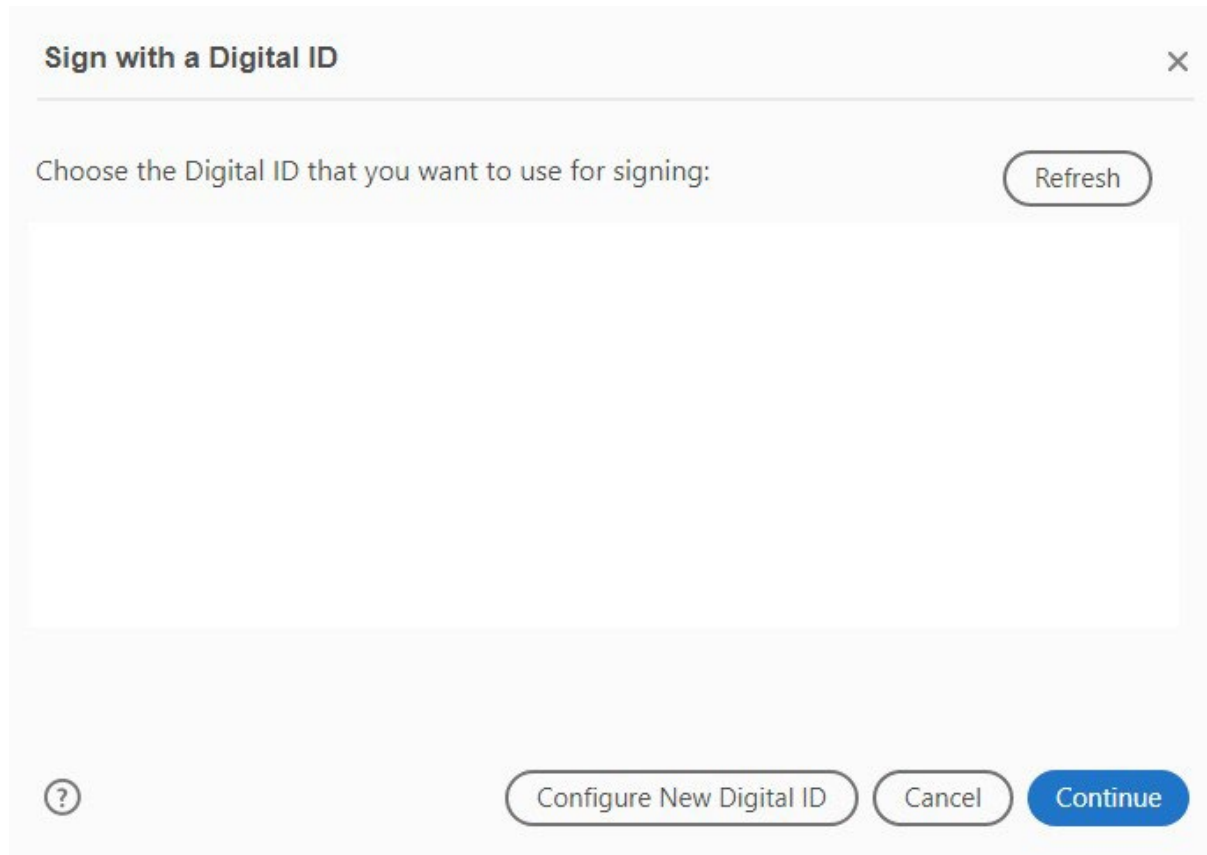
Page 12

How to configure a digital ID in Adobe to enable you to use a digital signature on a person's Advance Care Directive Form

Step 1: Click on the red flag (as per circled areas in Fig 1 or Fig 2)

Step 2: The prompt to add a digital signature will appear (see Fig 3.). If you already have a digital ID configured, choose the digital ID that you want to use for signing the person's Advance Care Directive Form. If you do not have a digital ID configured, select the 'Configure New ID' button and continue.

Fig 3.



Step 2.1: select the 'Create a new Digital ID' option and continue (Fig 4.).

Fig 4.

Configure a Digital ID for signing [Close]

A Digital ID is required to create a digital signature. The most secure Digital ID are issued by trusted Certificate authorities and are based on secure devices like smart card or token. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

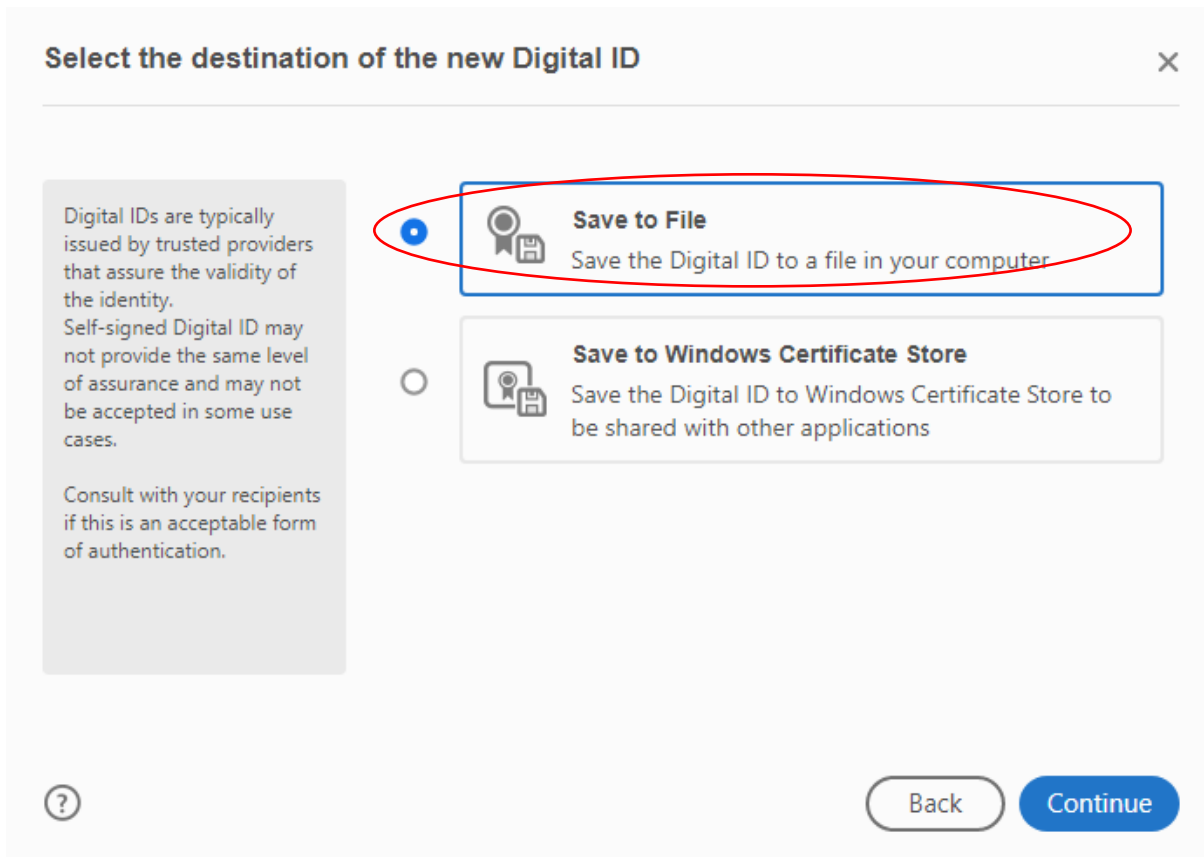
Select the type of Digital ID:

- Use a Signature Creation Device**
Configure a smart card or token connected to your computer
- Use a Digital ID from a file**
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID**
Create your self-signed Digital ID

[?] [Cancel] [Continue]

Step 2.2: select the 'Save to file' option and continue (Fig 5.)

Fig 5.



Step 2.3: Fill in your details in and continue (Fig 6.)

Fig 6.

Create a self-signed Digital ID ×

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name	<input type="text" value="Enter Name..."/>
Organizational Unit	<input type="text" value="Enter Organizational Unit..."/>
Organization Name	<input type="text" value="Enter Organization Name..."/>
Email Address	<input type="text" value="Enter Email..."/>
Country/Region	<input type="text" value="AU - AUSTRALIA"/> ▼
Key Algorithm	<input type="text" value="2048-bit RSA"/> ▼
Use Digital ID for	<input type="text" value="Digital Signatures"/> ▼

? Back Continue

The details you have entered will have configured your digital ID (see example on Fig 7.).

Step 2.4: Select your digital ID and continue.

Fig 7.

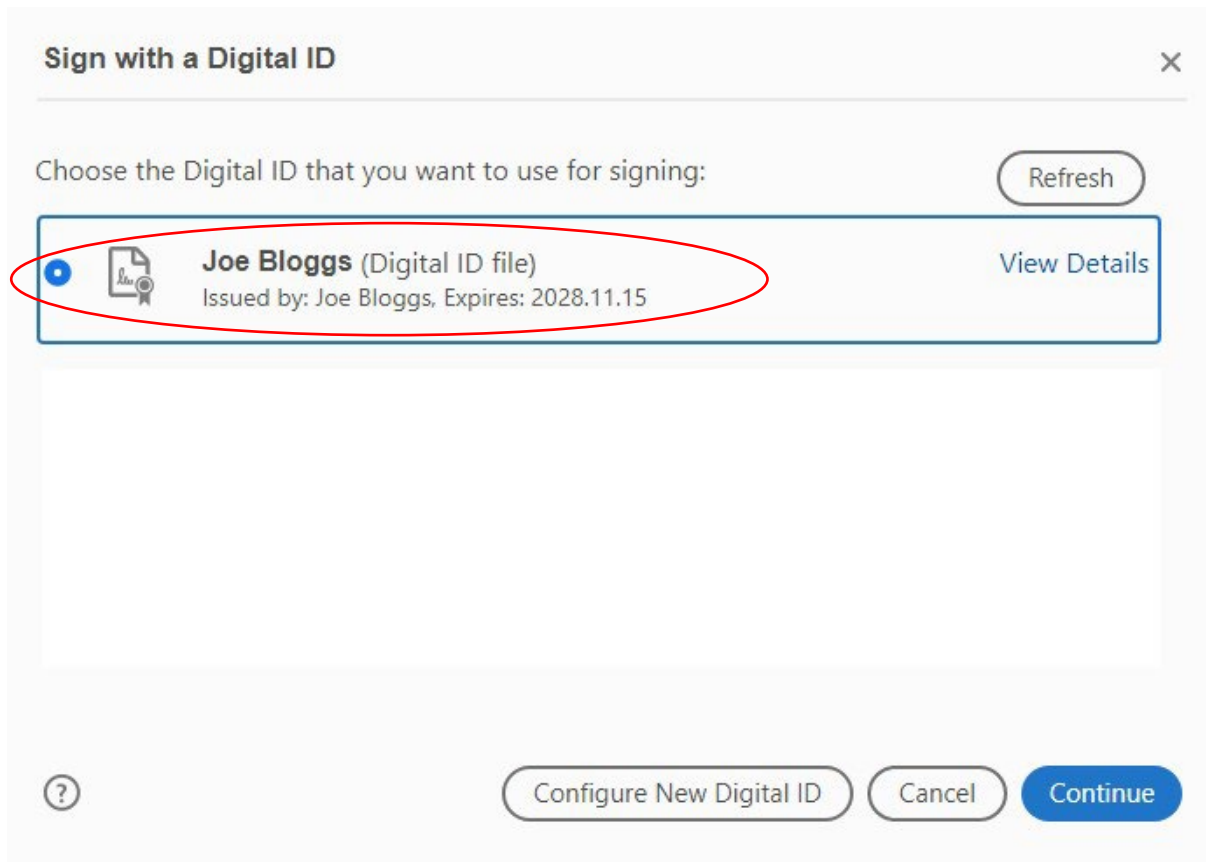



Fig 8 shows an example of a digital ID created in Adobe.

Fig 8.



Fig 9 shows an example of a digital ID applied to the Advance Care Directive Form.

Fig 9.

Full name:*	Joe Bloggs
Signature:*	Joe Bloggs  Digitally signed by Joe Bloggs Date: 2023.11.15 12:55:16 +10'30'
Date (dd/mm/yyyy):*	15 / 11 / 2023

Step 3: Once you have signed the person's Advance Care Directive Form, either as their Substitute Decision-Maker or interpreter, please 'save as' the file containing your digital signature and return to the Advance Care Directive maker.

Please note that as a Substitute Decision-Maker, it is important for you to keep a certified copy of the fully signed and witnessed Advance Care Directive Form. Please obtain a certified copy from the Advance Care Directive maker and keep it in a safe place for when it is required.

For more information

Health Services Programs
Clinical Support Systems and Improvement
Department for Health and Wellbeing
Health.AdvanceCarePlanning@sa.gov.au
www.advancecaredirectives.sa.gov.au

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.



<https://creativecommons.org/licenses>



Government
of South Australia