VERMONT

DEPARTMENT OF HEALTH

Vermont Advance Directive Registry
Provider Access Application

Complete and email, fax or mail to: **E-mail: ahs.vdhhsiadminsupport@vermont.gov**
Fax: 802-651-1787
Mail: Vermont Department of Health
Vermont Advance Directive Registry
280 State Drive
Waterbury, VT 05671-8370

Name of Organization:_____

Mailing Address:_____

Town/City:_____ Zip Code:_____

Main Telephone: (_____)_____ Fax: (_____)_____

Type of Organization (check one):

□   Healthcare Provider

□   Procurement Organization

□   Funeral & Crematory Services

□   Other (please describe)_____

Please provide an Administrative Contact: this should be the person who will manage overall implementation of advance directive protocols, user accounts and passwords for the Registry.

Name of *Administrative Contact*:_____

Phone: (_____)_____E-mail address:_____

Access Agreement: The Vermont Advance Directive Registry is a secure, web-based database created by the Commissioner of Health to which may submit ab advance directive or information regarding the location of an advance directive. The Registry is accessible to principals and agents and to others expressly designated by Vermont Law. Access is also provided to individuals appointed to arrange for the disposition of remains, procurement organization, health care providers (including emergency medical personnel), health care facilities, residential care facilities, funeral directors, cemetery officials, probate court officials and the employees thereof.

To obtain access, the person or entity named below agrees as follows: 1. To comply with all statutes and rules pertaining to registry access. 2. To access the registry only for purposes related to decision-making for health care or disposition of the remains of the decedent. 3. To protect the access code issues and to limit access to employees with a need to access the registry. 4. To train employees on proper use of the registry and the registrants' documents. 5. To report any unauthorized access of misuse of information to the Department of health. 6. To comply with policies and procedures pertaining to the registry. 7. To fully complete all necessary forms provided by the registry. 8. Not to sell, assign, transfer or otherwise convey any rights or duties under this agreement.

Signature:_____ Date:_____

Name (printed):_____

Organization:_____

Phone:_____ Email:_____