Appointment of a Health Care Agent

Vermont Advance Directive for Health Care Decisions

YOUR NAME | DATE OF BIRTH | DATE

ADDRESS

CITY | STATE | ZIP

Your **health care agent** can make health care decisions for you when you are unable or unwilling to make decisions for yourself. You should pick someone that you trust, who understands your wishes and agrees to act as your agent. Your health care provider may **NOT** be your agent unless they are a relative. Your agent may **NOT** be the owner, operator, employee or contractor of a residential care facility, health care facility or correctional facility where you reside at the time your advance directive is completed.

I appoint this person to be my health care **AGENT**:

AGENT NAME | EMAIL

ADDRESS

HOME PHONE | WORK PHONE | CELL PHONE

(If you appoint **CO-AGENTS**, list them on a separate sheet of paper)

If this agent is unavailable, unwilling or unable to act as my agent, I appoint this person as my **ALTERNATE AGENT**:

ALTERNATE AGENT NAME | EMAIL

ADDRESS

HOME PHONE | WORK PHONE | CELL PHONE

Others who may be consulted about medical decisions on my behalf include:

Primary care provider (Physician, PA or Nurse Practitioner):

NAME | PHONE

ADDRESS

NAME | PHONE

ADDRESS

Those who should NOT be consulted include:

NAME | DOB | DATE

General Comments About My Health Care Goals:

SIGNED DECLARATION OF WISHES

You must sign this before TWO adult witnesses. The following people may **not** sign as witnesses: your agent(s), spouse, parents, siblings, children or grandchildren.

I declare that this document reflects my health care wishes and that I am signing this Advance Directive of my own free will.

SIGNED ..... DATE

I affirm that the signer appeared to understand the nature of this advance directive and to be free from duress or undue influence at the time this was signed. (Please sign and print)

FIRST WITNESS (PRINT NAME)

SIGNATURE ..... DATE

SECOND WITNESS (PRINT NAME)

SIGNATURE ..... DATE

If the person signing this document is being admitted to or is a current patient in a **hospital**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the patient appeared to understand and be free from duress or undue influence at the time of signing: *designated hospital explainer, ombudsman, mental health patient representative, recognized member of the clergy, Vermont attorney, or Probate Court designee.*

If the person signing this document is being admitted to or is a resident in a **nursing home or residential care facility**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the resident appeared to understand and be free from duress or undue influence at the time of signing: *an ombudsman, recognized member of the clergy, Vermont attorney, Probate Court designee, designated hospital explainer, mental health patient representative, clinician not employed by the facility, or appropriately trained nursing home/residential care facility volunteer.*

The explainer as outlined above may also serve as one of the two required witnesses.

NAME

TITLE/POSITION | PHONE

ADDRESS

SIGNATURE ..... DATE

The following have a copy of my Advance Directive (please check):

- ☐ Vermont Advance Directive Registry DATE REGISTERED:
- ☐ Health care agent ☐ Alternate health care agent
- ☐ Doctor/Provider(s):
- ☐ Hospital(s):
- ☐ Family Member(s):

CLEAR FORM

VERMONT
DEPARTMENT OF HEALTH

Registry Use Only
Received: _____
Confirmed: _____

Vermont Advance Directive Registry
Administrative Form: VADR Registration Agreement & Authorization to Change
(Documents A & B per Vermont Advance Directive Rule)

Directions

1. Read the **Registration Policy on page 3** and complete the **Required Registrant Information on page 1**.
   a. **First-time Registrants:** Complete **Document A: Registration Agreement on page 2**.
   b. **Current Registrants:** If you are already registered and submitting an update, complete **Document B: Authorization to Change on page 2.**
2. Attach a signed and witnessed copy of your Advance Directive. *Witnesses to your Advance Directive cannot be your health care agent or immediate family (spouse, parents, children, siblings or grandchildren).*
3. Submissions via mail, email, or fax must include pages 1 and 2 of this Administrative Form and all pages of your completed Advance Directive.
4. Once complete, forms can be submitted via mail, email, or fax:

Mail: Vermont Ethics Network
61 Elm Street, Suite 1
Montpelier, VT 05602

Fax: 1-802-828-2646
Email*: VADRSupport@vtethicsnetwork.org
**Email submissions must be in PDF format.*

Vermont registrants can now also submit new registrations or updates via on-line user upload. User upload does not require this administrative form. For more information and links to upload your document from your home computer, visit www.vtethicsnetwork.org/vadr. **For support with your submission, call 1-802-828-2909 or email VADRSupport@vtethicsnetwork.org**

Required Registrant Information

Name: First: Middle: Last: Suffix:

Date of Birth: / / (month/day/year)

Mailing Address: **Apt/Unit:**

Town/City: **State:** **Zip Code:**

Phone Number: Primary ( ) - Other ( ) -

Email Address:

***Registrants must provide an email address to receive annual account reminders.*

Emergency Contacts

Please list cell number first if available

Primary: Name: **Relationship to Registrant:**

Phone Number: ( ) - Alternate Phone Number: ( ) -

Secondary (optional): Name: **Relationship to Registrant:**

Phone Number: ( ) -

Note: *Emergency contacts do not need to be the same as your appointed health care agents. Changing your emergency contacts will not change your health care agent.*

VERMONT
DEPARTMENT OF HEALTH

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Received: _____
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Vermont Advance Directive Registry
Administrative Form: VADR Registration Agreement & Authorization to Change
(Documents A & B per Vermont Advance Directive Rule)

Document A: Registration Agreement

Complete this section if this is your first time submitting an Advance Directive to the Vermont Advance Directive Registry.

I, _____ **(print name)** request that my Advance Directive be registered in the Vermont Advance Directive Registry, and authorize its access as allowed by Vermont law. By signing below, I acknowledge and affirm that: the information provided is accurate; I have read, understand, and agree to the terms of the Registry Registration Policy; I will safeguard my registrant identification number and wallet card from unauthorized access; and I will immediately notify the Registry in writing of changes to my registration information or advance directive. I execute this agreement voluntarily and without coercion, duress, or undue influence by any party. I understand that anyone who has access to my wallet card can use it to gain access to my documents and personal information. This authorization remains in effect until I revoke it.

Signature of Registrant: _____ Date: _____

Document B: Authorization to Change

Complete this section if you are currently registered and submitting an updated Advance Directive or making updates to an Advance Directive already on file with the Vermont Advance Directive Registry.

Check the box below that applies to your submission.

☐ **Replace:** Check this box to replace your existing Advance Directive. This option will remove older documents from your account and save only the most recent submission.

☐ **Amend:** Check this box to amend your existing Advance Directive. This option will keep your prior documents on file with the newest document first (reverse chronological order).

☐ **Suspend:** Check this box to temporarily inactivate all or part of your Advance Directive for a specified period.

Begin suspension on this date: _____
End suspension on this date: _____
Suspension details (parts of Advance Directive being suspended, reason for suspension):
_____

☐ **Revoke:** Check this box to remove your Advance Directive from the Vermont Advance Directive Registry. Your account with the Vermont Advance Directive Registry will be closed and your document will not be accessible to health care facilities. Your Advance Directive will remain valid.

I, _____ **(print name)** certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Vermont Advance Directive Registry.

Signature of Registrant: _____ **Date:** _____

VERMONT
DEPARTMENT OF HEALTH

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Vermont Advance Directive Registry
Administrative Form: VADR Registration Agreement & Authorization to Change
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Registration Policy

An advance directive is a legal document that conveys a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make those decisions. The Vermont Advance Directive Registry is a database that allows people to electronically store a copy of their advance directive document in a secure database. That database may be accessed when needed by authorized health care providers, health care facilities, residential care facilities, funeral directors, and crematory operators. For more information, visit: http://healthvermont.gov/vadr/ .

1. To register an advance directive via mail, fax, or email, the registrant must complete and send the Registration Agreement form along with a copy of the advance directive document to:

   Mail:
   Vermont Ethics Network,
   61 Elm Street, Suite 1
   Montpelier, Vermont 05602

   Fax: 1-802-828-2646

   Email: VADRSupport@vtethicsnetwork.org
   **Email submissions must be in PDF format*

2. Registrants who upload their document via user upload do not need to complete the Registration Agreement or Authorization to Change form. The necessary agreements and authorization will be completed during the on-line upload process.
3. Upon receipt of the Registration Agreement and attachments, the Registry will scan the advance directive and store it in the database along with registrant identifying information from the Registration Agreement. The Registry will send a confirmation letter to the registrant along with a registration number, instructions for using the registration number to access documents at the Registry website, a wallet card, and stickers to affix to a driver's license or insurance card. The registration is not effective until receipt of the confirmation letter and registration materials is made by registrant.
4. Registrants should share the registration number from the wallet card with anyone that should have access to their advance directives: for example, the registrant's agent, family members, or physician. Anyone may access a person's advance directive using the registration number. Additionally, when the registration number is not readily available, an authorized health care provider can search the Registry for a specific person's advance directive using a registrant's personal identifying information.
5. The registrant is responsible for ensuring that:
   a. The advance directive is properly executed in accordance with the laws of the state of Vermont.
   b. The copy of the advance directive sent to the Registry, if a photocopy of the original, is correct and readable.
   c. The information in both the Registration Agreement and advance directive documents is accurate and up to date.
   d. The Registry is notified as soon as possible of any changes to the advance directive or registration information by completing and submitting an Authorization to Change form with the changes appended, or preferably, with an updated copy of the advance directive to the Registry.
6. Initial registration as well as subsequent changes and updates to the registration information or the advance directive documents are free of charge.
7. The Registration Agreement shall remain in effect until the Registry receives reliable information that the registrant is deceased, or the registrant requests in writing that the Registration Agreement be terminated. When the Agreement is terminated, the Registry will remove registrant's advance directive from the Registry database, and the file will no longer be accessible to providers.
8. Only the Registry can change the terms of the Registration Agreement.