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VERMONT ETHICS NETWORK

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VERMONT ADVANCE CARE PLANNING: FACILITATOR TRAINING

SESSION 5

MARCH 31, 2026

Learning Goals & Objectives



Describe the submission process for the Vermont Advance Directive Registry (VADR) and how registered documents are accessed in various healthcare settings



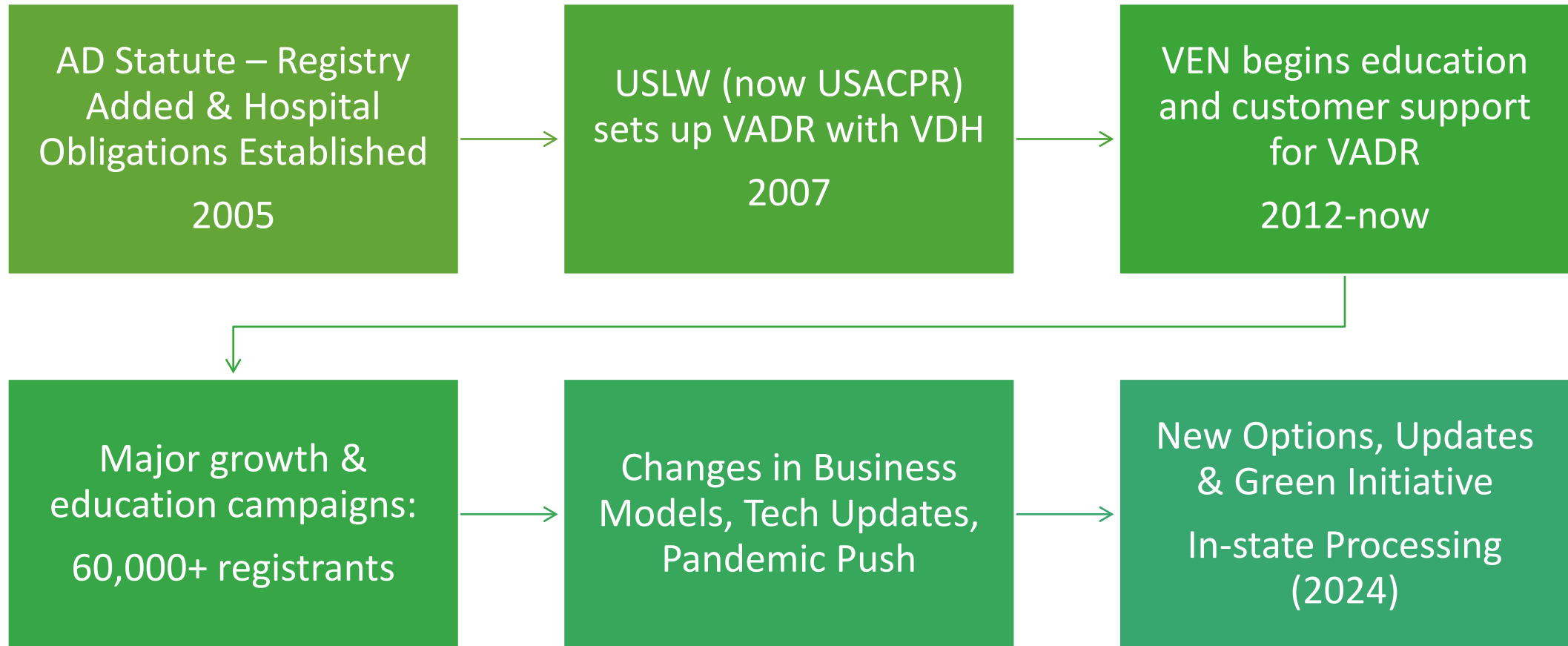
Support individuals to successfully submit or upload advance directives to the VADR



Appreciate the requirement of Vermont hospitals to check the VADR

Vermont Advance Directive Registry

(Purpose & History)



BRINGING
CUSTOMER
SERVICE IN-STATE
FOR FASTER
SERVICE AND
MORE ACCESSIBLE
SUPPORT

Support for Customers & Authorized Users

Customer
Support -
Phone and
Email

1-802-828-2909 (Mon-Thurs)

VADRSupport@vtethicsnetwork.org



Authorized
User
Account
Support

1-802-828-4482 (Mon-Thurs)

tmurray@vtethicsnetwork.org

Admin Training Webinars/New Staff
Onboarding

Vermont
Ethics
Network
Customer
Support

U.S. ADVANCE CARE PLAN REGISTRY®

[REDACTED]
[REDACTED]
Bristol, VT 05443

Thank you for registering your advance directive with the Vermont Advance Directive Registry (VADR). Your document was successfully uploaded, and your account has been created. The VADR provides secure storage of your advance directive and makes it accessible online to you and health care providers when needed. Below is an ID card for your wallet indicating you have a document registered with the VADR.

Please review your name and address (above), date of birth, primary phone number and emergency contact information. If updates or corrections are necessary, see the steps below.

Date of Birth: [REDACTED] Primary Phone Number: [REDACTED]
Emergency Contacts (Not necessarily the same as your healthcare agent/proxy):
Contact 1: [REDACTED]
Contact 2 (Optional): [REDACTED]

To Update Account Information: If updates are required to any of the account information above, please log in to your account at www.usacpr.com using the username and temporary password provided here (please retain for future use):

Username: [REDACTED] Password: Rp5rX9\$J

NOTE: If this is your first time logging in, please set a new password and provide an email address, to receive annual emailed reminders about your account.

To Log In: Go to www.usacpr.com, click on the green **Personal Account Login** button. Enter your username and password. You can directly edit your account information using the **View/Confirm/Edit** button once you are logged in.

NOTE: You CANNOT edit your actual advance directive document online. Updating your advance directive requires that a new advance directive be completed, signed and witnessed, and submitted to the VADR. All forms are available online at www.vtethicsnetwork.org/forms.

Updated advance directive documents can be directly uploaded to your account by logging in and selecting 'Upload or Replace My Documents'. Submissions can also be sent via mail to: Vermont Ethics Network, 61 Elm Street Montpelier, VT 05602, or emailed to VADRSupport@vtethicsnetwork.org, or via fax: 802-828-2646.

For general questions or phone assistance to update your account, contact Vermont Ethics Network at VADRSupport@vtethicsnetwork.org or call (802)828-2909.

If you are experiencing an error message in your registry account, email support@usacpr.com or call 1-888-548-9455.

U.S. ADVANCE CARE PLAN REGISTRY®

NAME: [REDACTED]
SOURCE: VERMONT
REGISTRANT ID #: 8FT4U43P5

EMERGENCY CONTACT: [REDACTED]
EMERGENCY PHONE #: [REDACTED]

PROTECTING YOUR CHOICE & YOUR PEACE OF MIND®



USACPR

US Advance Care Plan Registry

Hosting the VADR since 2007, formerly called US Living Will Registry (USLWR)

USACPR is a national advance directive registry developed by physicians and health data experts

- Vermonters who move out of state can transfer into the USACPR (30\$ for a lifetime reg.)

Technical Support for Vermonters

- Think – 504 error, not questions about how to submit

24/7 Access for Providers

- This is the main role of USACPR as a vendor and they are set up to have the fastest access online, but also to have direct phone/fax availability as well
- 1-888-548-9455
- support@usacpr.com

MAIL, FAX & EMAIL SUBMISSION

MAIL

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

Mail sent to previous Westfield NJ address will be received with some slight delay.

FAX & EMAIL

FAX: 1-802-828-2646

EMAIL:

VADRSupport@vtethicsnetwork.org

Faxes and emails sent to prior submission addresses are being forwarded and received same day.

The [VADR Registration Agreement/Authorization to Change form](#) is required for submissions via mail, fax and email.

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.*

VADR Admin Form, pg. 1

Direction and Required Registrant Information

Directions & Support Info

- What to fill out
- How to submit
- Support phone/email

Required Registrant Info

Required for new registrants & existing registrants making updates

- **Registrant:** Name, DOB, Address, Phone & Email
- **Emergency Contacts:** Names, Phone & Relation

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

Registry Use Only
Received: _____
Confirmed: _____

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: _____

VADR Admin Form, pg. 2

Registration Agreement & Authorization to Change

Doc. A, Registration Agreement

- Name & Signature
- Gives permission to create an account

Doc. B, Authorization to Change

- Instructions for updating existing account
- Name & Signature
- Gives permission to add or change the documents in your account

Best Practice:

Sign and complete both parts of page 2

Review of Documents

VEN processes all mail, fax and email submissions.

We review for:

- All pages being present
- All signatures completed with dates
- Conflicts of witnesses (health care agents, spouse, parents, siblings, children & grandchildren cannot witness)
- Clarity of scans
- Completed VADR Admin forms



USER UPLOAD

LIVE DEMO

Create Your Account (Fields in red are required)

Registered Through

Registrant ID #

First Name

Middle Name

Last Name

Suffix

Date Of Birth
(mm/dd/yyyy)

Email

Address 1

Address 2

City

State

Zip

Primary Phone

Other Phone

Gender

Your Account Login Info

User Name

We recommend using your email address as long as you are the only one who uses it. Otherwise create a user name between 5 and 50 characters.

Password

- Minimum 8 characters.
- Maximum 15 characters.
- At least one uppercase letter.
- At least one lower case letter.
- At least one number.
- At least one special character from this list !@#\$%^&()

Password Hint

Security Question

Security Answer

Primary Emergency Contact

Contact Name

Contact Phone

Format the phone # using dashes or spaces.

Secondary Emergency Contact

Contact 2 Name

Contact 2 Phone

Format the phone # using dashes or spaces.

Circle of Trust (Optional)

Add the email addresses of trusted friends or loved ones. They will receive the same email communications that the Registry sends to you.

Email 1

Email 2

By registering on this site I agree to the U.S. Advance Care Plan Registry® [Terms and Conditions](#).

IMPORTANT: Click on the "create account" button below to advance to the next page. You can create your account now and come back later to upload your document. Your registration is not complete until you upload a document.

USER UPLOAD

Create An Account Link

Must have completed document in PDF format

Requires an email address to create your account

Registration Agreement & Authorization to Change Form is completed online!

- User upload-ers do not need to complete this additional form on paper and simply use a checkbox to accept the terms and conditions of registration
- This form is still required for mail/fax/email submissions

Create Your Account (Fields in red are required)

Registered Through

Registrant ID #

First Name

Middle Name

Last Name

Suffix

Date Of Birth
(mm/dd/yyyy)

Email

Address 1

Address 2

City

State

Zip

Primary Phone

Your Account Login Info

User Name

We recommend using your email address as long as you are the only one who uses it. Otherwise create a user name between 5 and 50 characters.

Password

- Minimum 8 characters.
- Maximum 15 characters.
- At least one uppercase letter.
- At least one lower case letter.
- At least one number.
- At least one special character from this list !@#\$%^&()

Password Hint

Security Question

Security Answer

Primary Emergency Contact

Contact Name

Creating the Account

Account overview information is entered first to create the account, then the document can be uploaded

- This information is also used to generate the registrants ID card and confirmation letter

Must use VT Address

Need Email Address for User Upload

- Recommended to use email address as username, but can be anything

Creating the Account (cont.)

Emergency Contacts do not need to be the health care agents

- Secondary Emergency Contact is optional.

‘Circle of Trust’ will let your trusted contact receive reminders about your VADR Account

Please list cell numbers first if available

Check the box to agree to Terms & Conditions (this is the digital version of the Registration Agreement Form)

State

Zip

Primary Phone

Other Phone

Gender

Security Answer

Primary Emergency Contact

Contact Name

Contact Phone

Format the phone # using dashes or spaces.

Secondary Emergency Contact

Contact 2 Name

Contact 2 Phone

Format the phone # using dashes or spaces.

Circle of Trust (Optional)

Add the email addresses of trusted friends or loved ones. They will receive the same email communications that the Registry sends to you.

Email 1

Email 2

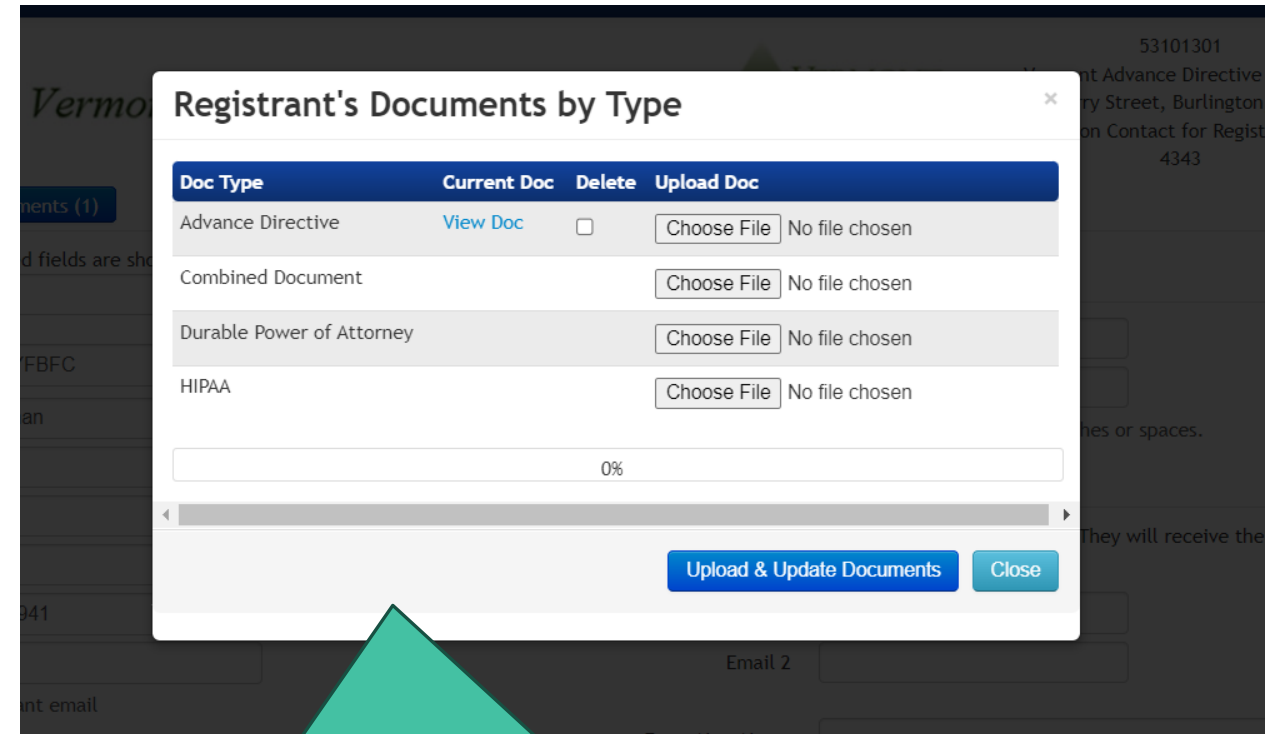
By registering on this site I agree to the U.S. Advance Care Plan Registry® [Terms and Conditions](#).

IMPORTANT: Click on the "create account" button below to advance to the next page. You can create your account now and come back later to upload your document. Your registration is not complete until you upload a document.

[Create Account](#)

Uploading the Document

- Once the account overview information is complete, select 'Create Account and Add Documents'
- Select Choose File
- Select the document you would like to add.
- Click Upload Document (Or Upload & Update if you are helping someone with an updated to their account)
- Upload is complete when green progress bar gets to 100%.
- Done!



Only the Advance Directive document type should be used. Other document types are being phased out of the VADR.

Making Updates

If someone is already registered, they can log-in to the account to make changes:

- Update contact information
- Upload a New Advance Directive
- Fax copies to your health care providers
- Request a new wallet ID card, or stickers, or print them yourself!

The screenshot shows the user interface of the Vermont Advance Directive Registry. At the top is a dark blue navigation bar with the text 'Vermont Advance Directive Registry' and links for 'Home', 'My Account', 'My Documents', 'Logout', and 'Help'. Below the navigation bar are three logos: the Vermont Department of Health logo, the 'Vermont Advance Directive Registry' text logo, and the Vermont Ethics Network logo with the tagline 'Advancing Health Care Ethics'. The main content area is titled 'Dashboard' and contains three light blue panels. The first panel, 'Manage My Account', shows the account was last updated on 3/30/2026 and includes buttons for 'Print My ID Card', 'View / Confirm / Edit My Account', 'Change My Password', and 'Order New Card/Labels'. The second panel, 'View / Manage My Documents', instructs users to click a document type button to view or download documents, with buttons for 'Advance Directive', 'Upload or Replace My Documents', 'Fax My Document(s)', and 'Email My Document(s)'. The third panel, 'My Reports', has a button for 'Documents Accessed Report'. At the bottom of the page, a footer provides customer support information: 'Customer Support Provided by the Vermont Ethics Network', '802-828-2909 | Email | Web Site', and 'Privacy Policy | Vermont Department of Health'.

VADR Account Log-In (Personal)

PDF Formatting & Conversions

- Documents must be in PDF format for upload, with all pages included
 - Please review your scans for readability
- This CAN be a PDF photo
 - Smartphone cameras now have the option to take PDF photos, and these are accepted. JPEG or PNG files are not.
 - Be mindful of file size. Files over 15,000 mb are too large
- APPS – CamScanner, Microsoft Lens, Genuis Scanner, etc.
- Digital Signature (ACT88) now permits digital signatures
 - User upload in PDF format makes the VADR more accessible & easier to use for Vermonters with computer access & literacy.



DOES EVERYONE NEED AN EMAIL?

- No, but only users with email addresses connected to their account will continue to receive annual reminders.
- Accounts created via user upload MUST provide an email address, but the same email can be used in the creation of multiple accounts
- Many family members often wish to share email addresses. They will receive individualized reminder emails for each account connected to the email address in the anniversary month of their registration.
- Accounts are never inactivated without a specific request, but annual reminders will only be sent via email.
- Account overview printouts will be available by request at:
 - Phone: **1-802-828-2909**
 - Email: VADRSupport@vtethicsnetwork.org

Why Register?



Backups are always better



Nationwide access with VADR ID or Name/DOB

- Any hospital can call the USACPR hotline for a faxed copy of their document, 24-7



Annual Email Reminders, Plastic Wallet ID Card & ID Stickers



Registration is optional, the document is legal & valid once signed & witnessed. Having conversations about values and completing an AD is more important than registering.

U.S. ADVANCE CARE PLAN REGISTRY[®]

NAME: [REDACTED]

SOURCE: VERMONT

REGISTRANT ID #: 8FT4U43P5

EMERGENCY CONTACT: [REDACTED]

EMERGENCY PHONE #: [REDACTED]

PROTECTING YOUR CHOICE & YOUR PEACE OF MIND[®]



QUERYING the VADR

- BECOMING AN AUTHORIZED USER
- HOW TO USE THE VADR

Authorized Users

[Provider Access Link](#)

Who needs an account?

- **VT Hospitals are required by law and already have accounts**
- Outpatient offices, Nursing Homes, In-patient facilities, Private Practices
- Funeral Homes
- Health Support Services

You might already have an account!

- Email me to find out and reset your access
- tmurray@vtethicsnetwork.org

Application & Instructions

- [Application Form](#)
- More Information from the [Department of Health](#)



Vermont Advance Directive Registry



Organization Login

Organization's ID #

Access Code

Case sensitive

Login



Vermont Advance Directive Registry



User Login

User Name

Password

Case sensitive

Login

DEMO: Organization Login

- 2-Factor Login – Organization ID & PIN followed by Username & Password
- Organization account administrators can create new users & reset account passwords



Vermont Advance Directive Registry



53101301
Vermont Advance Directive Registry
108 Cherry Street, Burlington, VT 05401
Organization Contact for Registry: 800-464-4343

Retrieve Documents (Search from ONE of the sections below)

Wallet Card Search

To search for a registrant using information from the registrant's wallet ID card, choose the Source from the drop down menu that matches the "Source" on the card. Enter the Registration Number from the wallet card, and click Look Up.

Source Name

Registration #

Search

Name Search

To search for a registrant by name, enter the first few letters of the last name, and the exact date of birth (month/day/YYYY).

Last Name

Birth Date

Search

DOB needs 4-digit year!

When You're Logged In

- Source Name is always Vermont – The Registration Number comes from the patient's Wallet ID Card
- Name/DOB search is likely easier, but if you have the registration number, it is a more accurate way to search (solves for misspellings/name changes by using a locked, autogenerated ID number)

Vermont Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:

Part 1 Choose a medical decision maker, Page 3

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself. They are also called a health care agent, proxy, or surrogate.



Part 2 Make your own health care choices, Page 6

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

Part 3 Sign the form, Page 11

The form must be signed before it can be used.



You can fill out Part 1, Part 2, or both.

Fill out **only** the parts you want. Always sign the form in Part 3.

2 witnesses need to sign on Page 12.

Your Name _____



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Vermont Advance Directive for Health Care

— LONG FORM —

EXPLANATION AND INSTRUCTIONS

An Advance Directive is a document you prepare to choose someone as your health care agent or to guide others to make health decisions for you. An advance directive can include instructions about your health care as well as what should happen with your body after you die. Having an Advance Directive helps when you no longer can or no longer wish to make your own decisions. As you begin your Advance Directive, here are some important things to know:

- You have the right to consent to or refuse any medical treatment.
- You have the right to appoint an **agent** to make decisions for you.
- You may use this Advance Directive to share your wishes **in advance**.
- You may fill out all Parts of this Advance Directive form or just portions of it. For example, you can just appoint an agent in Part 1 and then sign Part 9. If you choose not to appoint an agent, you can skip part 1 and just give instructions in other Parts that you wish to fill out. However, if you fill out any Part of this document, you must also fill out Part 9, as it provides signatures and witnesses to validate the Advance Directive.
- You may use any Advance Directive form or format as long as it is properly signed and witnessed.
- You can revoke or suspend your Advance Directive at any time unless you expressly waive your right to do so.

Everyone could benefit from having an Advance Directive — not just those anticipating the end of their lives. Any of us could have an accident or suffer from an unexpected medical condition. Some of us live with a mental or physical illness that leaves us without capacity at times. Without an Advance Directive, those making decisions for you will not know what your wishes are. Worse still, your family and friends could fight over the care you should get. Help them help you — fill out and sign an Advance Directive.

This Advance Directive has 9 Parts. Fill out as few or as many Parts as you like today. If you want, you can fill out other Parts another day. This is *your* document: change it as you like so that it states your wishes in your own words. You may cross out what you don't like and add what you want. This form was proposed as an optional model form by the Vermont Department of Health and adopted by the Legislative Committee on Administrative Rules.

Note: For copying and storing purposes only the actual form pages, not the instructions, have consecutive page numbers. When sending copies, you need send only the numbered pages of the form itself.



Vermont Advance Directive for Health Care

YOUR NAME _____ DATE OF BIRTH _____ DATE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

PART ONE: YOUR HEALTH CARE AGENT

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:

(PART ONE CONTINUED NEXT PAGE)

12/18

If you locate the document...

Confirm That It Is The Most Current Version & Add To The Patient's Medical Record.



Presumption of Validity

We cannot retroactively question the capacity of the patient at the time the directive was completed, even if they lack capacity now.

EXCEPTION: Medical guardianship order was in place PRIOR to the date on the AD – this is NOT a valid AD.

Obligations of health care providers (18 V.S.A. § 9707)

A completed advance directive (signed and witnessed) is presumed to be valid. There is no need to investigate the relation of witnesses beyond what is clearly documented.

- Health care agents cannot be witnesses to directives
- Immediate family (parents, spouse, children, siblings, grandchildren) cannot be witnesses to directives
- Caregivers & physicians CAN be witnesses to directives
 - (18 V.S.A. § 9703)

Vermont Advance Directive Week starts
April 12th!

Learn more on our website:

[Vermont AD Week](#)

Thank you!

Contacting me:

Taylor Murray

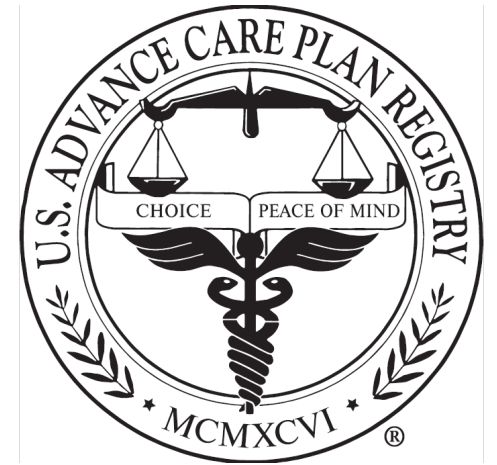
Advance Care Planning Program
Manager

Vermont Ethics Network

Vermont Advance Directive Registry

1-802-828-4482

tmurray@vtethicsnetwork.org



Visit our website for more info & quick-links!

[Registering Advance Directives](#)

[Vermont Advance Directive Forms](#)