

Vermont Advance Directive Registry Provider Access Application

Complete and email, fax	or mail to: E-mail: <u>ahs.vdhhsiadminsupport@vermont.gov</u> 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 (che	ck one):
	Healthcare Provider
	Procurement Organization
	Funeral & Crematory Services
	Other (please describe)
implementation of advar	nistrative Contact: this should be the person who will manage overall need to be the person who will manage overall need to be directive protocols, user accounts and passwords for the Registry.
	ontact:
Access Agreement: The Ve Commissioner of Health to w advance directive. The Regis Law. Access is also provided organization, health care pro- facilities, funeral directors, ce To obtain access, the perso pertaining to registry access. disposition of the remains of with a need to access the reg documents. 5. To report any with policies and procedures	E-mail address: rmont Advance Directive Registry is a secure, web-based database created by the hich may submit ab advance directive or information regarding the location of an try is accessible to principals and agents and to others expressly designated by Vermont to individuals appointed to arrange for the disposition of remains, procurement viders (including emergency medical personnel), health care facilities, residential care metery officials, probate court officials and the employees thereof. DN or entity named below agrees as follows : 1. To comply with all statutes and rules 2. To access the registry only for purposes related to decision-making for health care or the decedent. 3. To protect the access code issues and to limit access to employees gistry. 4. To train employees on proper use of the registry and the registrants' unauthorized access of misuse of information to the Department of health. 6. To comply pertaining to the registry. 7. To fully complete all necessary forms provided by the , transfer or otherwise convey any rights or duties under this agreement.
Signature:	Date:
Name (printed):	

Organization:_____

Ρ	hone: