

## Vermont Advance Directive Registry Provider Access Application

| Complete and email, fax   | or mail to: E-mail: <u>ahs.vdhhsiadminsupport@vermont.gov</u><br>Fax: 802-651-1787<br>Mail: Vermont Department of Health<br>Vermont Advance Directive Registry<br>280 State Drive<br>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<br>Commissioner of Health to w<br>advance directive. The Regis<br>Law. Access is also provided<br>organization, health care pro-<br>facilities, funeral directors, ce<br><b>To obtain access, the perso</b><br>pertaining to registry access.<br>disposition of the remains of<br>with a need to access the reg<br>documents. 5. To report any<br>with policies and procedures | E-mail address:<br>rmont Advance Directive Registry is a secure, web-based database created by the<br>hich may submit ab advance directive or information regarding the location of an<br>try is accessible to principals and agents and to others expressly designated by Vermont<br>to individuals appointed to arrange for the disposition of remains, procurement<br>viders (including emergency medical personnel), health care facilities, residential care<br>metery officials, probate court officials and the employees thereof.<br><b>DN or entity named below agrees as follows</b> : 1. To comply with all statutes and rules<br>2. To access the registry only for purposes related to decision-making for health care or<br>the decedent. 3. To protect the access code issues and to limit access to employees<br>gistry. 4. To train employees on proper use of the registry and the registrants'<br>unauthorized access of misuse of information to the Department of health. 6. To comply<br>pertaining to the registry. 7. To fully complete all necessary forms provided by the<br>, transfer or otherwise convey any rights or duties under this agreement. |
| Signature:  | Date:  |
| Name (printed):   |  |

Organization:\_\_\_\_\_

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