

Vermont Advance Directive Registry

PROVIDER NOTIFICATION FORM

FIRST READ INSTRUCTIONS ON REVERSE SIDE!

IMPORTANT NOTE: THIS INFORMATION MAY NOT HAVE BEEN PROVIDED BY THE REGISTRANT NAMED IN THE ADVANCE DIRECTIVE. THE REGISTRY IS REQUIRED BY LAW TO APPEND THIS NOTIFICATION FORM TO THE DOCUMENTS IN THIS REGISTRANT'S ADVANCE DIRECTIVE; HOWEVER, THE REGISTRY HAS UNDERTAKEN NO INDEPENDENT VERIFICATION OF THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM, NOR CAN THE REGISTRY GUARANTEE THAT IT ACCURATELY REFLECTS THE WISHES OF THE REGISTRANT. IT IS RECOMMENDED THAT INDEPENDENT VERIFICATION IS MADE OF THE INFORMATION CONTAINED IN THIS FORM BEFORE RELYING UPON SAME TO MAKE ANY HEALTHCARE DECISION FOR ANY PERSON.

Section A: Identify the principal (the adult who has recorded their decisions in the advance directive)

NAME		DATE OF BIRTH	
ADDRESS			
CITY	STATE	ZIP	REGISTRANT ID #
CONTACT PHONE NUMBER: ()		ALTERNATE PHONE NUMBER: ()	

Section B: Identify the individual making the notification

NAME OF NOTIFIER			
NAME OF PROVIDER/ORGANIZATION			
PROVIDER/ORGANIZATION ADDRESS			
CITY	STATE	ZIP	ALTERNATE PHONE NUMBER: ()
CONTACT PHONE NUMBER: ()		FAX: ()	

Section C: Type of Change (check one box)

- Amend** Check this box to report an amendment to the advance directive.
- Revoke entire** Check this box to report a revocation to the entire advance directive.
- Revoke partial** Check this box to report a revocation to a part of the advance directive.
- Suspend** Check this box to report a temporary suspension to all or part of the advanced directive for a specific period of time, or while a certain condition exists. Describe:
 Suspension begins: _____
 Suspension ends: _____
- Replacement** Check this box to report the existing registered advance directive is being replaced.

Section D: Source of knowledge (check all that apply)

I have obtained the knowledge of the change to the advance directive from:

- Principal** **Agent** **Guardian** **Other:** _____

Section E: Provider Signature

I hereby notify the Vermont Advance Directive Registry I have become aware of a change to the named principal's advance directive, and certify the information provided is correct to the best of my knowledge.

Print Name: _____
 Sign Name: _____
 Signature Date: _____

Registry Use Only
 Date Received:
 Date Confirmed:
53101301

Obligations of Health Care Providers, Health Care Facilities, Residential Care Facilities, Agents and Guardians

Incapacitated patient: Any health care provider, health care facility, or residential care facility who becomes aware of an amendment, suspension, or revocation to a registrant's advance directive while treating an incapacitated patient, shall make reasonable efforts to notify VADR of the change by completing and sending a Provider Notification form, if the patient's advance directive has been submitted to the registry.

Patient with capacity: Any health care provider, health care facility, residential care facility who becomes aware of an amendment, suspension, or revocation to a registrant's advance directive while treating a patient with capacity, on request shall assist the patient in notifying VADR of the amendment, suspension, or revocation, if the patient's advance directive has been submitted to the registry.

Patient not currently receiving health or residential care: Any health care provider, health care facility, residential care facility, residential care facility, not currently providing health or residential care to a registrant, which becomes aware of an amendment, suspension, or revocation to a registrant's advance directive shall ensure that VADR is notified of the amendment, suspension, or revocation by completing and sending a Provider Notification form, if the patient's advance directive has been submitted to the registry.

Agent/Guardian: An agent or guardian who becomes aware of an amendment, suspension, or revocation to a registrant's advance directive shall make reasonable efforts to notify VADR of the amendment, suspension, or revocation by completing and sending an Agent/Guardian Notification form, if the patient's advance directive has been submitted to the registry.

Instructions

1. Sections A and B: Complete these sections with as much available information as possible including your relationship to the principal. The principal is the adult who has executed the advance directive.
2. Section C: Select the box identifying the original source of the information which made you aware of the amendment, suspension, or revocation.
3. Section D: Select the box corresponding to the type of change to the advance directive.
4. Section E: Print and sign your name; include signature date.
5. FAX or MAIL to: (908) 654-1919
Vermont Advance Directive Registry (VADR)
PO Box 2789
Westfield, NJ 07090
6. For additional information and forms visit <http://healthvermont.gov/vadr/> or call 1-800-584-9455.

IMPORTANT NOTE: This document only records a provider's notification to the Registry (as required by law) of an awareness that an advance directive has been amended, suspended, or revoked. This notification does not change the advance directive; only changes made by the principal affect their advance directive. The Registry cannot guarantee the accuracy of any information contained herein, and has not verified any of the information submitted on this form. Verification of the information contained herein with the patient or their authorized representative is recommended before relying on same to make any healthcare decisions.