

DocuBank In Case of Emergency Enrollment Form

STUDENT PERMANENT INFORMATION

NAME _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

NAME OF COLLEGE (Optional - 47 character max, to appear on your card) _____

STUDENT OF _____

ATTORNEY/ADVISOR _____ FIRM NAME _____

PAYMENT METHOD

Enrollment Fee: \$125 for 4-year enrollment

- Paid through Professional
- Check or Money Order (Payable to DocuBank)
- Credit Card

CREDIT CARD NUMBER _____

EXP DATE _____ CARDHOLDER ZIP CODE _____

NAME ON CREDIT CARD _____

SIGNATURE OF CARD HOLDER _____

EMERGENCY CONTACT (parent/guardian information here):

You can add additional contacts when you receive your card.

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____

EMAIL _____

FIRST CONTACT NOTE _____

MEDICAL INFORMATION

Medical information that will appear on the I.C.E. Card.

Please **number up to 4** selections in order of importance (1-4). Due to space constraints, all selections may not fit on your card.

ALLERGIES (optional):

- Penicillin Sulfa Shellfish Beestings Latex
- Codeine Nuts _____ _____

PERMANENT MEDICAL CONDITIONS (optional):

Do not list medications being taken.

- Asthma Diabetes _____
- _____ _____ _____

HIPAA form submitted with enrollment? Yes No

MEMBER STATEMENT: I have completed an advance directive document(s) (e.g. living will, health care power of attorney, HIPAA authorization, and/or organ donation information) of my own free will and have chosen to enroll in DocuBank to help make my document(s) available when requested. To ensure prompt access, I authorize that my document(s), emergency contact and health information stored with DocuBank be accessible to anyone who provides the member number and PIN on my card. I will notify DocuBank promptly of changes in any of my stored information, and also of the revocation or replacement of my document(s). I understand that DocuBank is not responsible for the validity or accuracy of any information stored by DocuBank, including the health information that also appears on my card. I understand that: by accepting my card I have verified and confirmed the accuracy of all information on the card before carrying it; I am granting DocuBank permission to alert my contacts when my directives are requested; that DocuBank does not provide legal advice; and that I may cancel this service in writing at any time by written request to DocuBank.

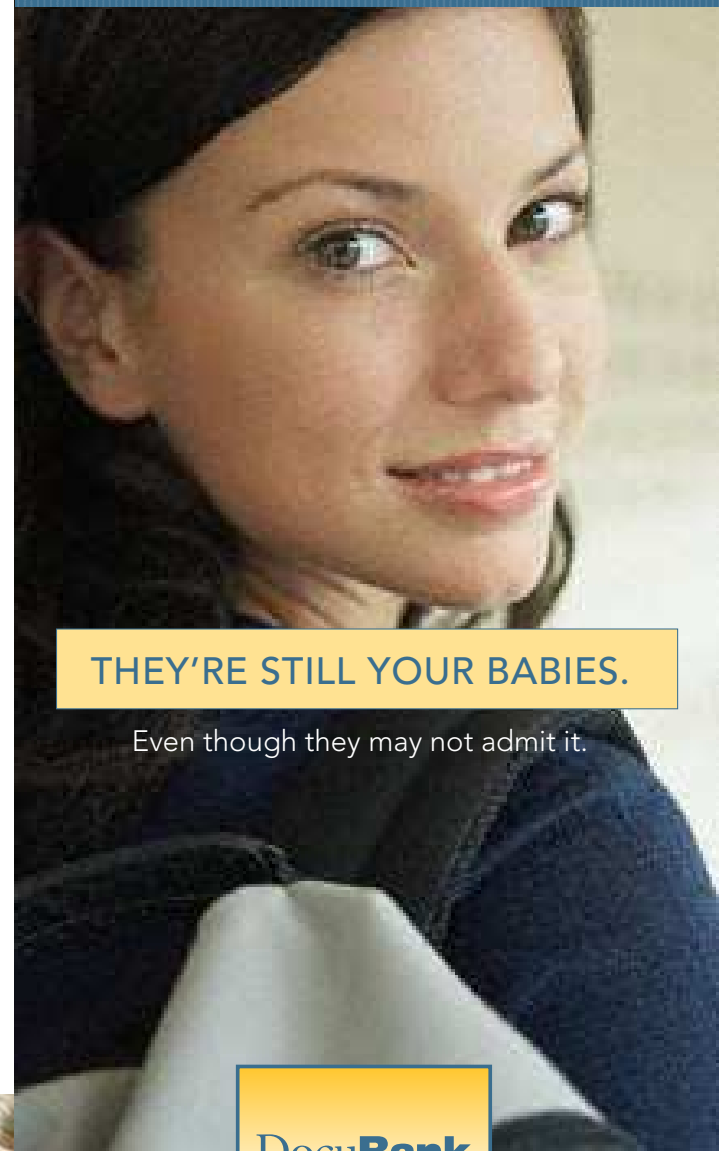
SIGNATURE OF STUDENT _____ DATE _____

SIGNATURE OF LEGAL GUARDIAN _____ DATE _____
(If student is a minor)



In Case of Emergency (I.C.E.) Card FOR COLLEGE STUDENTS

Protecting them. Alerting you.



THEY'RE STILL YOUR BABIES.

Even though they may not admit it.

DocuBank

Vital Medical & Emergency Information

24 / 7 / 365



It's hard to say
GOODBYE...

Letting go can be difficult. When the time comes and they are ready to leave home to begin life as college students, there is only so much you can do to protect them. Make sure they know how to do their own laundry. Make sure they know that you are always there for them. And try to make sure that if they get injured or sick, you will know about it.

In Case of Emergency (I.C.E.)

PROTECTING HER, PROTECTING HIM 24/7

In an emergency, the DocuBank I.C.E. card immediately shows medical personnel vital information about your child:

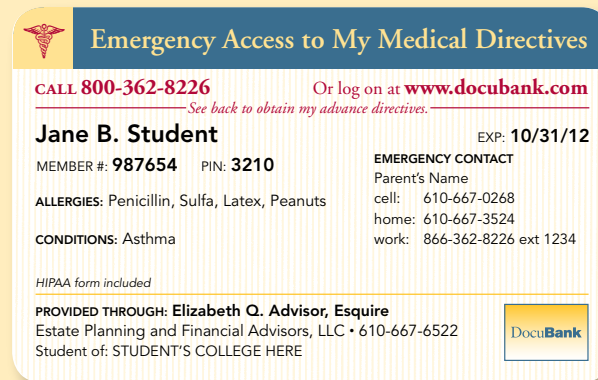
- Allergies
- Parent contact information
- Medical conditions
- Child's college/university

The card also provides them access to your child's:

- HIPAA release – permitting you to receive information about your child's condition
- Other medical info & healthcare directives

Alerting You Immediately – 24/7

If something happens to your child, you want to know right away. With the I.C.E. Card, you automatically receive an alert from DocuBank as soon as a hospital or doctor uses your child's card to obtain their information from DocuBank. Any time. Day or night. 24/7/365. And you receive the phone number at the hospital so you can be in touch with them immediately.



Emergency Access to My Medical Directives

CALL 800-362-8226 Or log on at www.docubank.com
See back to obtain my advance directives.

Jane B. Student EXP: 10/31/12


MEMBER #: 987654 PIN: 3210 EMERGENCY CONTACT
Parent's Name

ALLERGIES: Penicillin, Sulfa, Latex, Peanuts cell: 610-667-0268
home: 610-667-3524

CONDITIONS: Asthma work: 866-362-8226 ext 1234

HIPAA form included

PROVIDED THROUGH: Elizabeth Q. Advisor, Esquire
Estate Planning and Financial Advisors, LLC • 610-667-6522
Student of: STUDENT'S COLLEGE HERE



Get Answers, Not the Silent Treatment

ENSURING THAT HOSPITALS WILL TALK TO YOU

Most parents are not aware that the hospital staff's interpretation of a law called HIPAA can prevent you from receiving information about your college-age child's medical condition. Some hospitals make reasonable judgments about giving information to parents, especially in an emergency. Others have refused to tell parents anything, especially over the phone. Some have even refused to acknowledge to frantic parents whether their college-age child has been admitted to their hospital.

Having your child sign a HIPAA release before going off to school ensures that you can receive your child's medical information immediately, without resistance from the hospital.



How the I.C.E. Card Works

Hospital staff can easily obtain your child's HIPAA release from DocuBank, enabling them to talk with you about your child's condition. Using your child's I.C.E. Card, they can call 800-DOCUBANK to immediately receive a fax of this document or print it from the website www.docubank.com. Your child doesn't need to carry papers around – just the I.C.E. card, or even their DocuBank information stored in their cell phone!

You also get stickers for your child's student ID and cell phone, alerting medical personnel to look for their I.C.E. Card.

Emergency Contacts and More

In addition to the HIPAA release, you can also store other directives for your child (e.g. health care power of attorney, organ donor form). Plus, hospitals can also receive your child's:

- Additional emergency contacts*
- Doctor's contact information*
- Permanent medical information*
(e.g. immunization history, summary of chronic condition, list of permanent medications)

You will also receive a Parent's Copy of the I.C.E. card to help you keep this emergency information up to date.

* You can add the above information when you receive the I.C.E. Card.

How to Enroll

Complete the form on the back. Send form, copy of directives (e.g. HIPAA release) and/or permanent medical info to DocuBank (transmittal options below). You can enroll your child with or without a signed HIPAA release (or any healthcare directives). Regardless, you receive the benefits of the emergency alert and the emergency information features of the I.C.E. Card and service.

4 Year Enrollment: \$125

Mail to: I.C.E. Card, P.O.Box 325, Narberth, PA 19072

Fax to: 610-667-1483

Email to: joinice@docubank.com