Vermont Advance Directive Registry
AUTHORIZATION TO CHANGE FORM

Section A: Registrant information

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

Section B:

B1. Changes requiring additional documents

☐   Amend   Check this box to amend the advance directive. Attach the amending statement to this form.

☐   Revoke partial   Check this box to cancel a part of your advance directive. Attach the revocation statement to this form.

☐   Suspension   Check this box to temporarily stop all or a part of your advanced directive from applying for a defined time period, or while a certain condition exists. Attach documentation detailing the parts of the advance directive to be suspended, and please describe when the,
Suspension begins: _____
Suspension ends: _____

☐   Replacement   Check this box to replace the existing advance directive.

B2. Changes NOT requiring additional documents

☐   Revoke entire   Check this box to cancel your entire advance directive.

☐   Delete   Check this box to delete the advance directive from the registry.

☐   Suspension   Check this box to temporarily stop all or a part of your advanced directive from applying for a defined time period or while a certain condition exists. Use the lines below to describe the suspension to all, or parts of the advance directive, and include when the suspension is to begin and end.

_____
_____
_____
_____

Suspension begins: _____
Suspension ends: _____

Section C: **Does your advance directive make you an organ donor? (*Circle one*)   YES   NO**

Section D: **Signature**

I 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 Advance Directive Registry.

Print Name: _____

Sign Name: _____

Signature Date: _____

Instructions

This form is to be used by the registrant of an advance directive stored in the Vermont Advance Directive Registry to notify the Registry of a change to their advance directive and to authorize the Registry to update their file with those same changes. To notify the Registry of any changes to their advance directive, a registrant can submit either a completed Authorization to Change form (with or without accompanying documents), or a signed written statement of the change and the registrant's identification number.

1) Section A: Complete fields with as much information as possible.

2) Section B1: To communicate an amendment, partial revocation, and suspension using additional documents (as attachments) to describe those changes, check the appropriate box in Section B1. The completed Authorization to Change form and attached documents will be scanned and stored as additional documents in the existing file.

   To communicate the change as part of a replacement advance directive, check the 'Replacement' box in Section B1. Providing a replacement copy of the advance directive deletes the existing advance directive and all associated documents, and replaces it with the new one. NOTE: Best practices recommend changes to be communicated by replacing the existing copy with a new advance directive (replacement copy).

3) Section B2: To communicate the revocation or deletion of the entire advance directive, or a partial or whole suspension without attaching additional documents to describe the change, complete Section B2. Use the allotted space to describe the details of the suspension. The completed Authorization to Change form alone will be scanned and stored as an additional document to the existing file.

4) Section C: Circle 'YES' when your advance directive includes information which
                  Makes you an organ donor (after the changes are made).

5) Section D: Print, sign and include signature date.

6) Attach the text of the changes, or preferably, a new complete advance directive reflecting the changes.

7) FAX or MAIL to: FAX (908) 654-1919
                            The Vermont Advance Directive Registry (VADR)
                            808 South Avenue West, PO Box 2789
                            Westfield NJ 07090

9. For additional information, visit http://healthvermont.gov/vadr/ and login to your account to view the changes. It may take up to 10 business days for changes to be viewed online. The Registry will mail confirmation the changes have been received and processed.