



NEW FAX # 844-616-1415

Patient Authorization for Release of Information from the WV e-Directive Registry

You or your legal representative* has requested copies of your advance directive documents or medical orders that are contained in the WV e-Directive Registry. To receive a copy, please complete the form below and mail or FAX along with a copy of your photo ID (for verification). Upon receipt of this form and your photo ID, the Registry will send you copies of all documents that the Registry has on file for you by the method you indicate below.

Mailing Address: WV e-Directive Registry
1195 Health Sciences North
Morgantown, WV 26506

FAX: 844-616-1415

For questions call: 877-209-8086

Date of Request: _____

Patient's Name: (First and Last) _____

Address: _____

Date of Birth: _____

Last four digits of social security number: _____

Phone: _____

FAX: _____

This information is to be:

- Mailed to patient at address above
- Faxed to patient at FAX number above

Signature of Patient Date (Required)

OR

Signature of Legal Representative Relationship to Patient Date (Required)

***Legal representative must have Medical Power of Attorney form or surrogate form on file with Registry or submit form with request.**