

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

To receive a copy of your documents from the WV e-Directive Registry:

- Complete this form below
- Attach a copy of your photo ID (for verification)
- Return the form and photo ID to the Center for End-of-Life Care

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.

Mailing Address: WV Center for End-of-Life Care

e-Directive Registry

PO Box 9022, 64 Medical Center Drive

Morgantown, WV 26506

FAX: 844-616-1415

For questions call: 877-209-8086

Date of Request:			
Patient's Name: (First and L	ast)		
Address:			
Date of Birth:			
Last four digits of social sec			
Phone:			
FAX:			
This information is to be:	\square Mailed to patient		
Signature of Patient			Date (Required)
<u>OR</u>			
Signature of Legal Representative		elationship 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.