

# CONSOLIDATE YOUR WHAT IF'S

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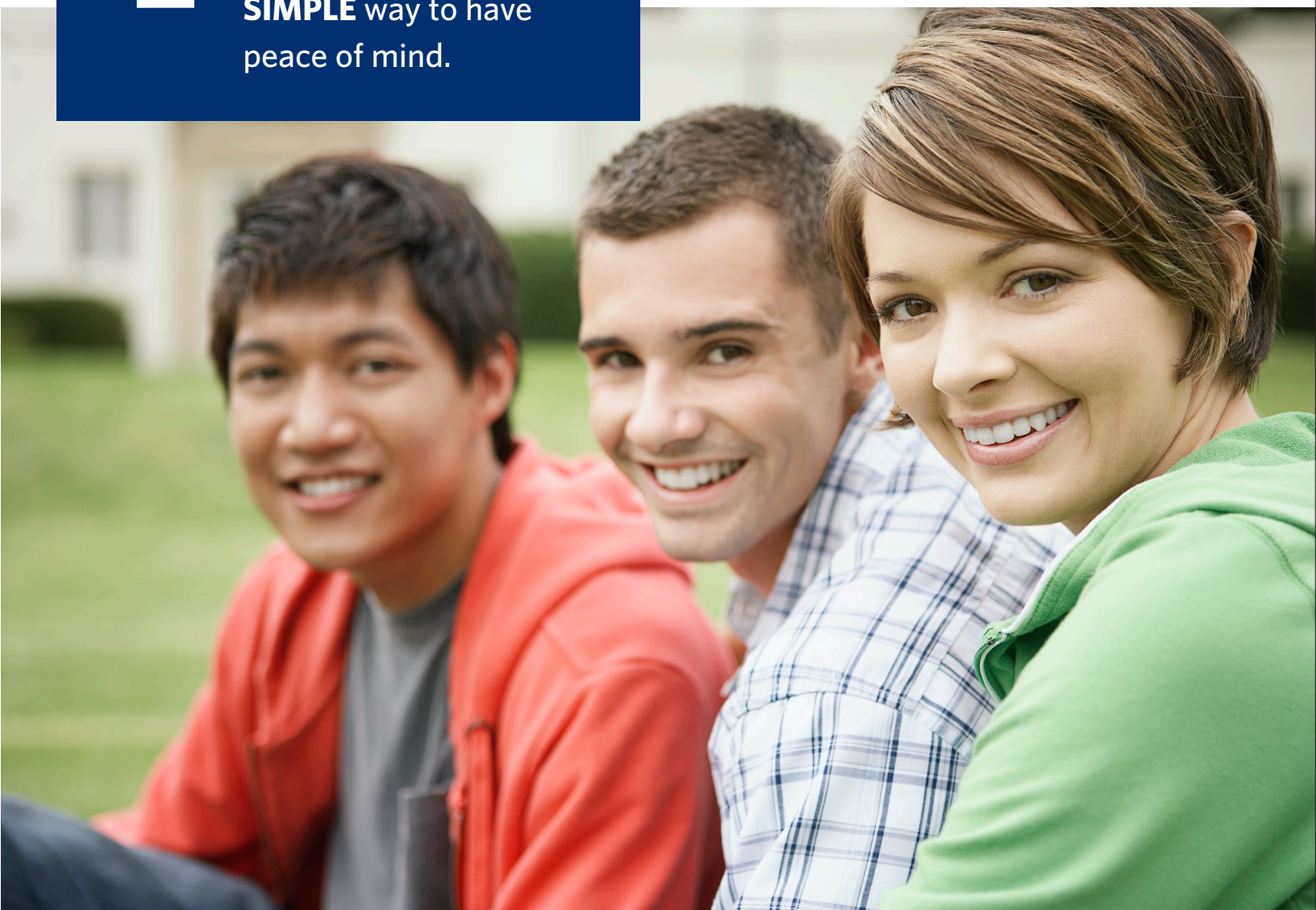
**CARD** that offers 24-hour access to crucial healthcare information.

**SAFE** place for your important documents.

**SIMPLE** way to have peace of mind.



**DocuBank**<sup>®</sup>  
Instant Access to Vital Documents



**DocuBank ICE - For College Students**



# DocuBank ICE

## When they're on their own, but not quite grown

Once your child goes off to college, how do you protect them? If they are injured or sick, how do you stay informed? Doctors and hospitals won't talk to you without a HIPAA release (or similar authorization). They can access this information instantly with the DocuBank ICE Card. In fact, once the ICE card is used, an email alert will be sent to you, which includes the phone number for the hospital, so you can get in touch immediately. Just make sure your college-age son or daughter fills out a HIPAA release before leaving home. A little peace of mind goes a long way.

### THE ICE CARD SHOWS:

Allergies & Medical Conditions

Parent Contact Information

Child's College or University

### THE ICE CARD GIVES IMMEDIATE ACCESS TO:

HIPAA Release – permitting you to receive your child's medical information

Additional Emergency Contacts

Doctor's Contact Information

Permanent Medical Information (immunization history, chronic conditions, etc.)

Healthcare Directives (Health Care Power of Attorney, organ donor form, etc.)

### SHARE INFORMATION EASILY WITH SAFE

Use the online SAFE to securely store and share bank account or credit card statements, account passwords, a FERPA Release, and other important documents such as birth certificates, report cards, and consent forms. Scan it once and it's always available! Easy access for you and your child.

### ADD ICE TO THE PACKING LIST

Before leaving for college, have your child sign a HIPAA Release, a Health Care Power of Attorney, and a FERPA Release, which allows you to have access to their grades and talk to the college administration on their behalf (many schools have their own FERPA forms). Then store the healthcare documents with the ICE card, and the FERPA in their SAFE.

“ I called the university hospital and... my son was admitted and unconscious. They wouldn't talk to me because he was over 18! ”

- Todd Bonnett, AZ



AS SOON AS THE CARD IS USED, YOU ARE SENT AN E-ALERT.



ENROLL Today. Simply fill out the enrollment form on the back of this brochure.

1-866-DOCUBANK • [joindocubank@docubank.com](mailto:joindocubank@docubank.com) • [DOCUBANK.COM](http://DOCUBANK.COM)



# DOCUBANK FAMILY SERVICES

The card that keeps them covered.

The SAFE that keeps you sane.



## On the Clock for Your Family 24/7

The truth is, you can't always be there in an emergency. With DocuBank Family Services, you don't have to be. We offer you appropriate and immediate access to medical and other critical information needed to properly care for your family and those you love. In addition, you will be sent an e-alert when the card is used.  DocuBank keeps you in the loop, wherever you are.

### EVERY DAY AND EVERY EMERGENCY

Each Family Service includes two Emergency Cards: one that fits in your wallet and one that you pass along to your loved one or their care provider. **These DocuBank cards are the link to their crucial information such as pre-existing conditions, allergies, medications, emergency contacts, and healthcare directives (Health Care Power of Attorney, HIPAA release and more).**

The Emergency Card can be used by hospitals to access your loved one's emergency information via fax or online.

Every new membership also includes a complimentary **online SAFE (Store All Files Electronically) to store their important legal documents, vital records,** or precious photos. With SAFE, you can share as much or as little information as you like with others.

### OUR FAMILY OF SERVICES OFFERS YOUR FAMILY THE FOLLOWING:



**For Young Children:**  
**Minors Matter**



**For College Students:**  
**ICE (In Case of Emergency)**



**For Special Needs Adults:**  
**SNAP (Special Needs Access Program)**

ENROLL Today for Portable Protection, SAFE Storage & Coordinated Care.  
Simply fill out the enrollment form on the back of this brochure.

# ENROLLMENT FORM

PROTECTING YOUR FAMILY WITH ANY OF THESE PLANS IS SIMPLE: Follow the instructions at the bottom of this page.

## SERVICE SELECTION

(Select only one)

**DocuBank ICE**  
COLLEGE STUDENTS

1 year \$55    5 years \$175     1 year     5 years

PROVIDED THROUGH (Name of firm and/or professional providing this membership)

Firm Name: \_\_\_\_\_ Provider: \_\_\_\_\_

MEMBER INFORMATION (The name that will appear on the card. For ICE, this is the child's info)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

ALLERGIES:     Penicillin     Sulfa     Latex     Peanuts     \_\_\_\_\_

PERMANENT MEDICAL CONDITIONS (Do not list medications)

Diabetes     \_\_\_\_\_     \_\_\_\_\_

Card Note (45 char. max) \_\_\_\_\_

MAILING ADDRESS (Please provide address of member's parent/guardian)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACTS (optional) If information is not available now, you can update it when you receive your card.

### 1ST CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOCTOR (Primary Care) If fax # is given, doctor may receive fax with access information

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ 1ST CONTACT Note: \_\_\_\_\_

### 2ND CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

### 3RD CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

ADDITIONAL DOCUMENTS STORED (Notation will appear on member's card)

Medication List     HIPAA Release

**MEMBER STATEMENT:** I have chosen to enroll myself, or minor child or ward, in DocuBank to help make their emergency information available promptly. To ensure prompt access, I authorize that my, or my child or ward's, document(s), emergency contact and health information stored with DocuBank be accessible to anyone who provides the member number and PIN on the DocuBank member card. All advance directives have been completed of my own free will and I will notify DocuBank promptly of changes in any of the stored information, and also of the revocation or replacement of any 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 the member card; by accepting a card I have verified and confirmed the accuracy of all information on the card before carrying or distributing it; I am granting DocuBank permission to alert my contacts as indicated on this form; if I provide an email address for the emergency contact(s), I am granting DocuBank permission to contact these persons and provide them with member information. I understand that my DocuBank membership includes the optional use of the DocuBank SAFE, which provides online access to my personal documents. I understand that DocuBank does not provide legal advice; and that I may cancel this service in writing at any time by written request to DocuBank.

### OPTIONAL SAFE UPLOAD

I authorize my DocuBank Provider (above) to upload my estate planning and other documents to my DocuBank SAFE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Adult enrollee or parent/legal guardian)

**TO ENROLL:** Send this completed form, your payment and the relevant emergency documents as described for each service

(e.g. HIPAA Release, Health Care Power of Attorney and more). You can also include an additional Emergency Information Form and Medication List, which are available at [docubank.com/forms](http://docubank.com/forms).

### MAIL TO:

DocuBank  
P.O. Box 325  
Narberth PA 19072

### EMAIL TO:

joindocubank@docubank.com

### FAX TO:

610-667-1483

### QUESTIONS?

CALL 1-866-DOCUBANK or go  
to DOCUBANK.COM