

MEMBER INFORMATION Information in **bold** will appear on your card. Email address is required to access account online.

Prefix_____ **Name** _____ Home Phone _____

Permanent Address _____ Work/Cell Phone _____

City, State, Zip _____ Email Address _____

Trust Name and Creation Date (Optional 57 charater max): _____

Professional _____ Firm name _____

EMERGENCY CONTACTS (Optional) If information is not available now you can call us to update after you receive your card.

Name _____ Relationship _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ Email (required for alert)* _____

SECOND CONTACT

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email (required for alert)* _____

THIRD CONTACT

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email (required for alert)* _____

PHYSICIAN

Name _____ Phone _____ Fax _____

OPTIONAL EMERGENCY CARD INFO Please list in order of importance. All selections may not fit on the card.

ALLERGIES _____

PERMANENT MEDICAL CONDITIONS (Do **not** list medications here. See below.)

CARD NOTE _____

MEDICATION LIST (Optional) You can store a list of your medications. Because medications may change frequently, there is an additional fee at time of renewal. Is a medication list included (signed and dated)? ☐ Yes ☐ No

SERVICE SELECTION ☐ 1 Year - \$45 ☐ 5 Years - \$145

PAYMENT METHOD ☐ Paid through Professional ☐ Credit Card ☐ Check (payable to DocuBank)

Credit Card Number _____ Exp Date _____

Name on Credit Card _____ CSV code (3 digits on back of credit card) _____

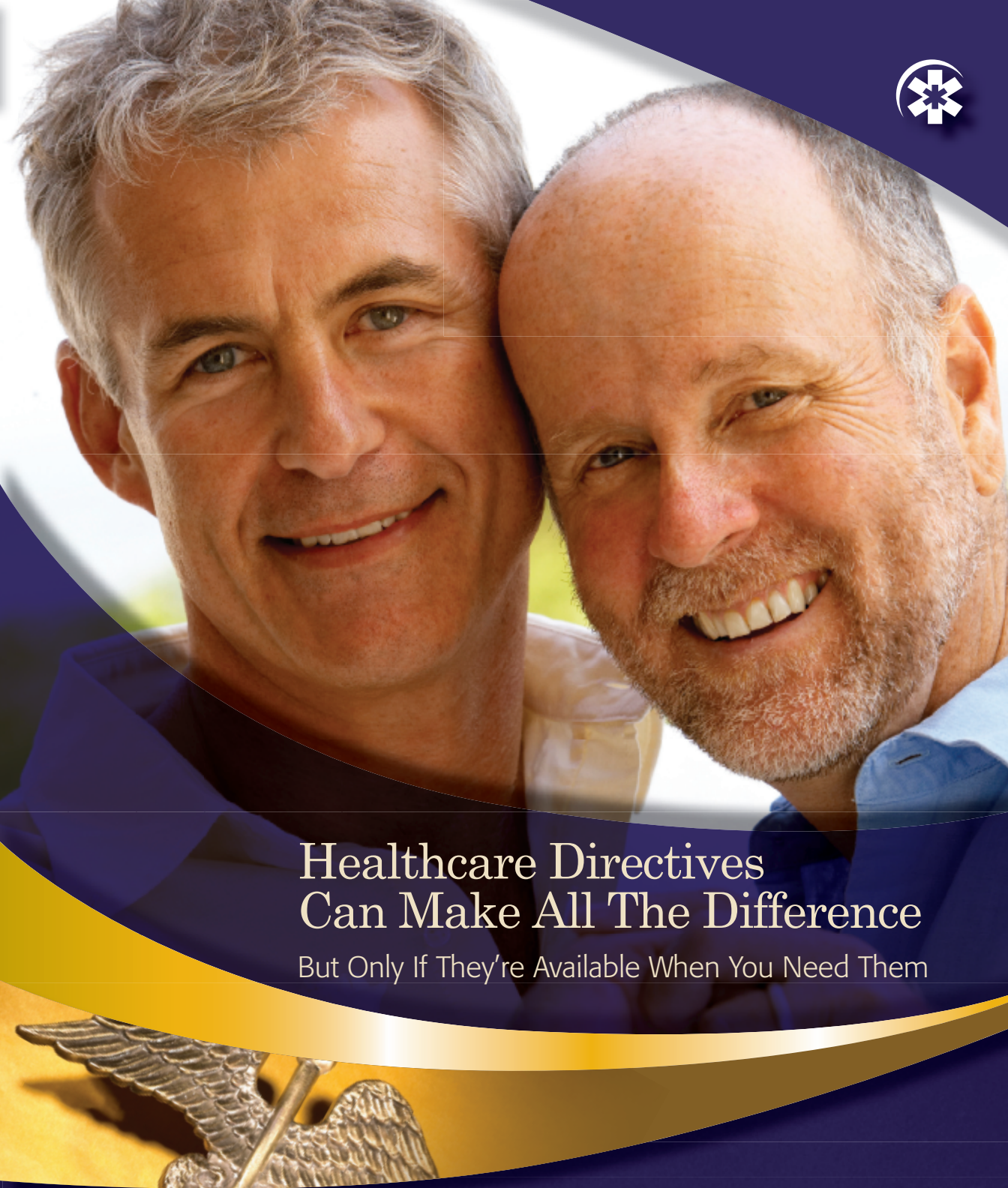
Member Statement I have completed an advance directive document(s) (e.g. health care power of attorney) of my own free will and have chosen to enroll in DocuBank to help make my document(s) available when requested. To ensure prompt access, I authorize that my document(s), emergency contact and health 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; by providing a fax number for my physician, I am granting DocuBank permission to fax an enrollment notification enabling this physician to obtain my directives; that if I provide an email address for my emergency contact(s), I am granting DocuBank permission to contact these persons and provide them with my member information; that DocuBank does not provide legal advice; and that I may cancel this service at any time by written request to DocuBank.

***OPTIONAL ALERTS** Check 1 or none:

☐ I elect to have DocuBank send an email notice to my emergency contacts upon my enrollment and whenever my documents are requested.

☐ I elect to have DocuBank send an email notice to my emergency contacts upon my enrollment only.

Signature _____ Date _____





“The kids and I waited and waited at the emergency room for word. Finally when someone appeared, I was told that I would need a healthcare proxy before I was allowed to see my partner—or know of her condition.”

As a member of the LGBT community, you know discrimination like this happens. Not just once in a while, but all too often. The sad truth is that the law does not necessarily offer everyone equal protection. The question is, how do you protect yourself? How do you ensure that the people you love will have access to you in the event of an emergency, and that your healthcare wishes will be carried out?

It Starts With Advance Directives, But That's Not Enough

LGBT organizations nationwide advise you to prepare legally binding documents (called advance directives) to ensure that your wishes will be honored in a medical emergency. They do this because while the law allows your next of kin to make medical decisions for you if you can't, most states will deny your same-sex partner (or other person of choice) this right unless you've written down your wish. And even with the 2010 federal hospital visitation policy in place, your right to have your partner visit you in the hospital can still be challenged by your next of kin without documentation of your preferences.

Unfortunately, creating the documents is not enough. In 75 percent of cases, even when a directive has been created, it is not available. **You need the assurance that these vital documents will be accessible 24/7/365.**

When you enroll in DocuBank® you'll have that assurance, and the peace of mind that comes with it.

Make Your Healthcare Wishes Available Anytime, Anywhere

DocuBank provides immediate access to the healthcare directives LGBT individuals and families need in an emergency. You can include:

- * Healthcare Power of Attorney
- * HIPAA Release
- * Hospital Visitation Authorization
- * Living Will
- * Transgender Documentation
- * Marriage License or other Relationship Documentation
- * Organ Donor Information
- * Instructions for Distribution of Remains

Hospital staff use your Emergency Card to call or go online to obtain your vital documents immediately, via fax or internet, worldwide.

DocuBank Supports Equality

For more than a decade, DocuBank has been working with national and local LGBT organizations to provide access to healthcare directives for the LGBT community.

DocuBank has teamed up with the Human Rights Campaign (HRC) and the HRC Foundation to provide these services.



Instant Access to Your Critical Information 24/7

Your DocuBank Emergency Card prominently displays your vital information:

- * Medical Conditions
- * Allergies
- * Emergency Contact

When hospitals use your Card, they also receive your primary doctor's information and a full list of your emergency contacts – so loved ones can be reached quickly when you need them.

You'll also receive stickers for your driver's license and health insurance card, to alert hospital staff to your DocuBank registration.

Protecting Yourself is Easy

To enroll in DocuBank, just fill out the Enrollment Form on the back of this brochure and send it with a copy of your documents and payment.


You can enroll by mail, fax or email:

Mail: DocuBank | PO Box 325
Narberth PA 19072

Fax*: 610-667-2582

Email*: lgbt enroll@docubank.com
(attach all documents as .pdf files)
* Requires payment by credit card

If you have any questions about enrolling or about DocuBank, call us toll-free at **1-866-DOCUBANK (866-362-8226)**



Emergency Access to My Medical Directives

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

Chris Sample

MEMBER #: 876543 PIN: 2100

ALLERGIES: Penicillin, Sulfa

CONDITIONS: Diabetes, Asthma

EMERGENCY CONTACT
Pat Example
cell: 610-667-0268
home: 610-667-3524
work: 866-362-8226 ext 123
note: **Contact is member's HCPoA**

PROVIDED THROUGH: **Pat Q. Advisor, Esq.**
Estate Planning and Financial Advisors, LLC • 610-667-6522

