

NJPAD/USACPR Registration Agreement

Registrant's Identifying Information (Please print clearly)	SOURCE CODE: 30328062
Name: First _____ Middle _____ Last _____ Suffix _____	
Date of birth: Month _____ Day _____ Year _____ (4 digit)	
Street Address: _____ Apt # _____	
City: _____ State: _____ Zip Code: _____	
Primary Phone #: (_____) _____ - _____ Alternate Phone #: (_____) _____ - _____	
Email Address: _____ (If registrant does not have an email address, please insert the email address of the emergency contact person instead)	
Annual update reminders will be sent via email – email addresses will never be shared or sold	
Emergency Contact Name: _____	
Phone #: (_____) _____ - _____	

I (Registrant) hereby request that my psychiatric advance directive be registered in the New Jersey Division of Mental Health and Addiction Services Psychiatric Advance Directive Registry, operated and maintained by U.S. Living Will Registry (herein after "Registry" or "NJ PAD"), and I authorize access to this document by any health care provider that is providing me care. I also authorize the Registry to provide a copy of this document to any health care provider that requests a copy, provided the request conforms to the Registry's policies and procedures (or as deemed advisable by the Registry in an emergency situation, or as required by law). The Registry is not otherwise authorized to share my personal information or document with parties other than health care providers.

I have submitted my information to confirm my identity, in the event that a health care provider requests a copy of my psychiatric advance directive. I certify that this information is correct and that the document submitted represents my currently effective psychiatric advance directive, which was properly executed in accordance with the laws of the state where it was executed. I agree to notify Registry, in writing, in the event of my revocation of the document submitted herein, or if the submitted document or the identifying information submitted is changed in any way. I agree to provide the Registry with a copy of the new/changed document as soon as reasonably possible. I will indemnify and hold the Registry harmless for any damages resulting from the Registry's good faith reliance on these certifications, or on any inaccurate information supplied. If I do not notify the Registry in writing and in a timely manner of any changes, or of the revocation of my document or this registration, or if I do not provide a true copy of the changed document to the Registry, the Registry will not be liable for any damages resulting from the production of the document on file to any health care provider. The Registry and its agents and employees shall not be liable to me nor to any person or entity for any liability arising from the improper transmission/disclosure of my psychiatric advance directive, from the transmission of inaccurate or incomplete materials, or from the loss/misplacement/destruction/ unavailability of all or part of my psychiatric advance directive unless such liability arises solely from the negligence or willful misconduct of U.S. Living Will Registry its authorized agent(s) and/or employee(s).

This Agreement shall remain in effect until Registry receives reliable information that the Registrant is deceased, the Registrant requests, in writing, that the Agreement be terminated, or until registration is cancelled pursuant to Registry's policies and procedures. When the agreement is terminated, Registry will use best efforts to remove registrant's document from its files.

I agree to the terms herein, and certify the accuracy of the information provided. I agree to safeguard my Wallet ID card from unauthorized access. I understand that I am solely responsible for safeguarding my Wallet ID card and identifying information, and I will not hold Registry liable for any access to my information because of the failure to do so.

I understand that my registration is not effective until I have submitted all data required by Registry and until such time as I receive from Registry written confirmation that my psychiatric advance directive has been accepted for registration on the Registry.

X _____ Dated ____/____/____
Signature of Registrant