

## Permission to be contacted by Duke about Contact List

Check all boxes that apply to you:

- I have an advance instruction for mental health care
- I have a health care agent (health care power of attorney)
- I am a health care agent for someone
- I am a P.A.D. facilitator (I help others to create P.A.D.s)

Full name: \_\_\_\_\_

Telephone 1: \_\_\_\_\_

Telephone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Other ways to find you? \_\_\_\_\_

\_\_\_\_\_

**BACK-UP CONTACT INFORMATION** (if your contact information changes, you give us permission to contact this person/organization to reach you.)

Back-up contact name 1: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Back-up contact name 2: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*This information will be destroyed after 6 months if Duke staff cannot reach you.  
If you go through an informed consent process with Duke staff and you give consent to be on the Contact List, this contact information may be revised for the Contact List.*