

Verification by Notary Public

Instructions for Notary Public: Before signing below, examine government photo ID to verify identity of Patient or Authorized Representative.

STATE OF _____

COUNTY OF _____, ss.

At _____, this _____ day of _____, _____ personally appeared, and he acknowledged this instrument by him sealed and subscribed, to be his free act and deed.

Before me, _____
Notary Public

My Commission Expires: _____
Date

Send completed form including notary public verification to:

Vermont Information Technology Leaders, Inc.
C/O Privacy Officer
150 Dorset St.
Suite 245, RMB 358
So. Burlington, VT 05403

For more information or questions about this form, contact VITL toll-free at 888-980-1243