



GetMyLegalDocs.com

**Health Care Document Online Retrieval System:
Valued Customer Agreement**

The GetMyLegalDocs.com Online Health Care Document Retrieval System (also known as 'The Provider') is a secure and safe way to help ensure that Health Care Workers have access to your Health Care Power of Attorney and Living Will without needing to carry the documents with you. You will be provided with a card to place in your wallet which will alert Health Care Workers that you have made the documents. It also provides retrieval instructions which will allow them to go online, enter in your username and client code, and download or fax the documents to wherever they are needed using our secure, HIPAA compliant faxing service.

Your documents will be uploaded to our secure server and will only be available for retrieval when the information from your card is provided. For this reason, it is very important that you **keep the card safe** and only provide login information to those who you wish to have access to your documents. Anyone who acquires the login information will be able to view your documents, so please be careful with whom you share this information.

If you should ever lose your card, please **contact us** immediately so that we can prevent others from accessing your documents. If you would like to order a new card, we are more than happy to provide you with a new card for a small fee to cover printing and handling costs.

The GetMyLegalDocs.com subscription is one flat fee for lifetime storage, but you must renew the subscription every five (5) years. We will contact you when it comes time for your free renewal, but your account will be disabled if we cannot reach you. Therefore it is important that you notify us of any change in your contact information.

We like to provide an emergency contact name and phone number on the card. If you would like to have your emergency contact listed on your card, please provide us with that person's name and phone number here.

Emergency Contact:

Name: _____

Phone Number: _____

I give my permission to have my health care documents uploaded onto the GetMyLegalDocs.com Online Health Care Document Retrieval System. I understand that I am responsible for keeping my login information secure and notifying The Provider if and when my login information has been compromised. I understand that I am responsible for notifying The Provider of any changes in my contact information.

Signed: _____

Printed Name: _____