

Restriction of Directory Information

Patient Name: _____ Date of Birth: _____
Street Address: _____ Last 4 numbers of SSN: _____
City, State, Zip: _____ Telephone: () _____
Patient Account #: _____

Atrium Health may include your name, location in the hospital, and your general condition (e.g., good, fair, serious, etc.) in the hospital directory while you are a patient.

The directory information may be released to people who ask for you by name. We can also share this information, as well as your religious affiliation, with clergy affiliated with your faith, regardless of whether they ask for you by name.

You have the right to restrict your name, location, general condition or religious affiliation from appearing in our facility directory when you are in one of our facilities. This restriction is only valid for your current hospital stay and must be renewed each time you are admitted to a Atrium Health facility.

I request the following restrictions for the Facility Directory:

_____ Do not include my name, location, general condition, or religious affiliation in the facility directory.

_____ Do not disclose my name or religious affiliation to members of the clergy.

I understand by restricting this information, my name will not appear on the Facility Directory and, therefore, visitors, including family and friends, flower delivery people, and outside callers will not be able to contact me.

Signature of Patient or Representative:

Date: _____

If signing as authorized representative, describe your authority to act for the patient, and submit documentation showing such authority, as appropriate:

Original: File or Scan in medical record.

