

# Request for Restriction of Facility Directory Information

## Your Rights

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, even if they don't 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 an Atrium Health facility.

## Patient Section for Request for Facility Directory Restriction

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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.

**Patient/Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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

\_\_\_\_\_

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Directory Information

Place Patient Label Here