

FACILITY DIRECTORY FORM

This form must be completed when a patient has expressed an objection to the way we would ordinarily use or disclose his or her information in our facility directory. It must be completed as soon as possible after the patient has mentioned the objection. Completed form should be sent to Admitting who will update the facility directory and file this form into the patient's medical record.

Patient Name: _____ **MR#:** _____

OBJECTION/ RESTRICTION

The following section should be completed if recording a new objection or restriction.

What information may not be disclosed?

- Patient Name
- Location in Facility: Room #, Telephone #
- General Condition: Good, Fair, Serious, Critical
- Religious Affiliation

To whom may the information not be disclosed?

- Family Members, Specify _____
- Clergy, Specify _____
- General External Requestors, Specify _____
- Other, Specify _____

For what period of time may the information not be disclosed?

- Current admission/visit
- All future admissions/visits
- Other, Specify _____

REVOCAATION/ CLARIFICATION

The following section should be completed if revoking or clarifying objections or restrictions already in place.

What information may be disclosed (if changed)?

- Patient Name
- Location in Facility: Room #, Telephone #
- General Condition: Good, Fair, Serious, Critical
- Religious Affiliation

To whom may the information be disclosed (if changed)?

- Family Members, Specify _____
- Clergy, Specify _____
- General External Requestors, Specify _____
- Other, Specify _____

For what period of time may the information be disclosed (if changed)?

- Current admission/visit
- All future admissions/visits
- Other, Specify _____

NAME OF STAFF MEMBER

SIGNATURE OF STAFF MEMBER

DATE