



Baton Rouge General

PHI OPT-OUT/PERMISSION FORM

Patient Label

Dear Patient:

In order to deliver care to you in an efficient manner, we would like to do the following:

- (1) Place your first initial and last name on a bulletin board in your nursing care area
- (2) Place your first initial and last name on the outside of your hospital room door
- (3) List your name in the patient directory so family and friends can contact you

Please let us know if you approve by checking the appropriate box(es) and signing below.

Thank You.

- All of the items (1-3) above are okay with me.
- DO NOT** list my name on the name bulletin board.
- DO NOT** list my name on the outside of my hospital room door.
- DO NOT** list my name in the patient directory.
- DO NOT** include my vaccine information in the state immunization registry.
- DO NOT** send my clinical summary (CCD) information to Relay Health, our Patient Portal.

Your name, location (room/bed #), and religious affiliation will be provided to members of the clergy if you do not object to listing your name in the patient directory.

You do have the right to request to be removed from the hospital directory at any point during your stay. Please be aware that paper copies of the directory are printed periodically throughout the day and delivered to various patient information sites in the hospital. We will make every effort to have your name removed from these lists when/if you make the request to do so. However, it is possible that your information will remain on these lists until the directories are reprinted.

 Patient/Patient Representative Signature Date / ____ / ____ Time

For Hospital Use Only

If patient DOES NOT want any of the above information used, please fax this form immediately to:

7AM – 5PM Monday – Friday: Admitting: Mid City – 6165 / Bluebonnet 4011
 After Hours and Weekends: ED Registration: Mid City – 6162 / Bluebonnet 4021

If you have any questions, please contact the Privacy Officer at extension 1588 or pager 660-3248.

