



**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 \_\_\_\_\_

**REVOCACTION/ 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