

Jewish Hospital & St. Mary's HealthCare

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| <input type="checkbox"/> Jewish Hospital | <input type="checkbox"/> JH Shelbyville | <input type="checkbox"/> Frazier Rehab Institute | <input type="checkbox"/> Our Lady of Peace |
| <input type="checkbox"/> JH Medical Center East | <input type="checkbox"/> VNA Nazareth Home Care | <input type="checkbox"/> Frazier Rehab Outpatient | <input type="checkbox"/> Employed Physicians |
| <input type="checkbox"/> JH Medical Center South | <input type="checkbox"/> Sts. Mary & Elizabeth | <input type="checkbox"/> JH Meade Co. | |

JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC. REQUEST FOR EXCLUSION FROM FACILITY DIRECTORY

I hereby request that my name be withheld from the Jewish Hospital & St. Mary's HealthCare, Inc. (JHSMH) Facility Directory while I am an inpatient. I understand that excluding my name from the Facility Directory means no information will be released about me, including to my family members.

Name: _____ **Date:** _____

Street Address: _____

City, State, ZIP Code: _____

Signature of Patient: _____ **Date:** _____

If patient is unable to sign, secure authorization of Legal Representative and indicate reason below:

- Minor Incompetent Other

Signature of Legal Representative: _____ **Date:** _____

Relationship to Patient: _____

JHSMH Representative Signature: _____ **Date:** _____

Title: _____

Note: At Our Lady of Peace, we have no open facility directory. Each patient is provided an Access Number to be shared with family and friends whom the patient chooses to have know of his/her presence in the facility. Only with that Access Number will those patient contacts be allowed.

Please take completed form with you when your Register at a JHSMH facility.

