



PATIENT NAME	ADMISSION DATE	UNIT/CLINIC	MEDICAL RECORD NUMBER	ACCOUNT NUMBER
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Facility Directory

Patient/Parent/Legal Representative does not want Hartford Hospital to disclose general information about **patient/my child** (name, location in facility, general condition and religious affiliation) from the facility directory to clergy and/or persons asking for **patient/my child** by name. **Patient/Parent/Legal Representative** understands that mail, flowers, packages, etc. will not be delivered to **patient/my child** while in the hospital if **patient/parent/legal representative** requests this restriction.

Friends/Family Members

Patient/Parent/Legal Representative does not want Hartford Hospital to disclose/discuss **patient's/my child's** health information with any of **patient's/my child's** family members/friends involved in **patient's/my child's** care.

Patient/Parent/Legal Representative wants Hartford Hospital to disclose/discuss **patient's/my child's** health information with only the following family member(s)/friend(s)

Confidential Communications

Patient/Parent/Legal Representative requests that the hospital communicate with **patient/my child** in confidence by providing the hospital an alternative address or phone number other than **patient's/my child's** home address and phone number. The hospital will accommodate **patient's/my child's** reasonable written request only if:

- **Patient/Parent/Legal Representative** specifies the alternative location, address, or telephone number and/or the alternative means of contact and
- **Patient/Parent/Legal Representative** agrees to be responsible for notifying the Hospital of any change in the address.

Address: _____

Request Status

Reason(s) Denied:

Telephone: _____

Other: _____

Other Restriction(s)

Patient/Parent/Legal Representative requests the following restrictions to the use and/or disclosure of **patient's/my child's** health information:

Request Status

Reason(s) Denied:

SIGNATURES

Patient/Parent/Legal Representative Signature Date

Privacy Manager Signature Date or Designee

Witness Signature Date