



NATHAN LITTAUER HOSPITAL & NURSING HOME

OPT OUT NOTIFICATION

Print Patient/Resident Name	Patient/Resident Medical Record Number <i>(if known)</i>
Social Security Number	Date of Birth

I have been notified that Nathan Littauer Hospital & Nursing Home will place my name in a directory at the hospital or nursing home. Per Nathan Littauer Hospital & Nursing Home's *Notice of Privacy Practices*, I acknowledge that I have the opportunity to "opt out" of the directory or other activities and have chosen to do so as outlined below. *(Check all that apply.)*

_____ I do not wish to have my name listed within any Nathan Littauer Hospital & Nursing Home directory. I understand that the hospital or nursing home will not tell any caller or visitor that I am here and this may also result in no mail or flower deliveries.

_____ I do not wish to have clergy notified of my admission to Nathan Littauer Hospital & Nursing Home. I understand that Nathan Littauer Hospital & Nursing Home will attempt to notify my clergy *(if known)* of my admission to the hospital if I do not check this statement.

_____ I do not wish to have the notice of my admission and/or birth of my child published in the newspaper. *(Hospital only)*

_____ I do not wish to have notice of the birth of my child released through Nathan Littauer Hospital & Nursing Home's Facebook and Twitter sites. *(Hospital only)*

Signature of Patient/Resident or Authorized Representative

Date

Keyed