

**AUTHORIZATION TO RELEASE DIRECTORY INFORMATION
PLEASE READ THOROUGHLY BEFORE SIGNING**

OPTION 1: RELEASE OF DIRECTORY INFORMATION

The Directory Information for:

Patient label here

Is hereby agreeing to the release of directory information as permitted by state and/or federal law. (Directory information is the acknowledgment of the presence of the person receiving inpatient, outpatient, or emergency services, their location within the facility, and the patient’s general health status described in terms of “good”, “fair”, “critical”, or “expired”. State law allows the release of directory information without the patient’s written authorization unless the patient instructs otherwise or the information is protected by state or federal law.)

Print name of patient or legally authorized representative *Signature* *Date*

Listed below are the authorized individuals that may receive directory information about the listed patient. Any attempts at contact from individuals not listed below will be re-directed in accordance with privacy practices.

<i>Name (Transportation agent)</i>	<i>Relationship</i>	<i>Phone Number</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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OPTION 2: NO RELEASE OF DIRECTORY INFORMATION

I do not authorize release of any information regarding my admission or treatment to any requestor (Admission will not be acknowledged). I wish to be “no information” patient. I understand that as a “no information” patient any telephone calls, flowers, mail, or visitor inquiries (including family) regarding my stay will be addressed by stating, “We have no information to release”. This option, however, does not preclude this facility from providing patient healthcare information to those entities specified by law and as outlined in the facility’s Notice of Privacy Practices. Entities include, but are not limited to: (1) transporting emergency medical services providers, (2) healthcare providers rendering current care, (3) organ or tissue procurement agencies, (4) prospective healthcare providers, (5) facility employees for quality assurance, peer review, accreditation or certification compliance, (6) governmental oversight agencies, (7) third party payers to facilitate reimbursement, (8) court order or subpoena

Signature *Date*