



EXCLUSION FROM FACILITY DIRECTORY

I request that my name be withheld from the Taylor Regional Hospital Facility Directory. I understand this means the following:

- No information will be released about me to anyone, including my family, friends and clergy.
- Taylor Regional Hospital will not acknowledge my presence as a patient in our hospital to anyone who might call, come to visit or otherwise inquire.
- Taylor Regional Hospital will not accept mail, packages, or deliveries (including gifts and/or flowers) on my behalf since acceptance would acknowledge my presence in this facility.
- Anyone who inquires about me at this facility will be told “we do not have any information on a patient by that name.”
- The decision to “opt-out” and be excluded from the facility directory must be made at the time you are registered. No changes can be made after the Patient Registration process is completed.

I understand that if I wish to change my status at anytime, I must inform the Taylor Regional Hospital Privacy Officer in writing, as follows: Taylor Regional Hospital
1700 Old Lebanon Road
Campbellsville, KY 42718
ATTENTION: PRIVACY OFFICER

Patient Signature: _____ **Date:** _____

Street Address: _____

City, State, ZIP Code: _____

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

Reason patient did not sign:

Minor Incompetent Other

Taylor Regional Hospital Representative Signature **Date**