

NOTICE TO PATIENTS REGARDING CONFIDENTIALITY

Unless otherwise instructed by you, our patient, Electra Memorial Hospital will list your name and room number on our Directory of Patients during your stay. This will allow you to receive visitors, telephone calls, mail, and flowers.

In accordance with laws, and in keeping with our long-standing recognition of and respect for patient's rights, any patient may restrict this information or request that no information be released.

_____ I agree to be listed on the EMH Directory of Patients.

I do not authorize the release of any information regarding my admission or treatment, including directory information. I wish to be a "no information" patient, and I realize that
_____ flowers, telephone calls, and visitors will be refused on my behalf.