

Patient Information for UW Medicine Inpatient Facility Directory

Inclusion in the Inpatient Facility Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine entity's facility directory. My decision is indicated by marking a box and signing this form.

YES, please include me in the Inpatient Facility Directory

Harborview Medical Center

OR

University of Washington Medical Center / Seattle Cancer Care Alliance

has informed me that that my name, location, and general health condition will be included in its inpatient facility directory. This information will be made available to people who ask for me by name such as my relatives, friends, and fellow employees.

By including my religious affiliation on this form, I authorize its disclosure to clergy of my religious affiliation. Disclosure of my religious affiliation may result in a visit from a clergy member of my affiliation while I am being treated at UW Medicine.

Religious Affiliation: _____

NO, please do not include me in the Inpatient Facility Directory

I do not want my name, location and general health condition included in the UW Medicine entity's Inpatient Facility Directory. **If this is my choice, I understand it is my responsibility to notify family and friends of my location if I wish them to contact me.**

For Staff Use Only

ADMIN OPT-OUT: Reason: _____

Contact: _____

Phone: _____

Date	Signature (Patient or Person Authorized to Give Authorization)
If Signed by Person Other than Patient, provide: Reason, Relationship to patient, and their Description of Authority	

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

PT INFO FOR UW MED INPT DIRECTORY

U1868

U1868

UH1868 REV JAN 06

WHITE – MEDICAL RECORD
CANARY - PATIENT

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