

Southern Indiana Rehab Hospital

A partnership of Fracter-Pattab Institute, Floyd Memorial Hospital and Health Services,
and Clark Memorial Hospital

Request for Exclusion from Facility Directory

I hereby request that my name be withheld from the Southern Indiana Rehab Hospital Facility Directory while I am an inpatient. I understand that excluding my name from the Facility Directory means no information will be released about me, including to my family members. I understand that in order to opt out of the Facility Directory I must select an alias, or assumed name, that I will be referred to while at the facility. I also understand I must provide a billing address.

Name: _____ **Date:** _____

Alias Name: _____

Home Address: _____

City, State, Zip Code: _____

Billing Address: _____

City, State, Zip Code: _____

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

If patient is unable to sign, secure authorization
of Legal representative and indicate reason below:

Minor Unable to Sign Other

SIRH Representative Signature: _____ **Date:** _____

Title: _____

Please return completed form to:

Admissions
Southern Indiana Rehab Hospital
3104 Blackiston Boulevard
New Albany IN 47150