



NORTHERN INYO HOSPITAL

Northern Inyo County Local Hospital District

150 Pioneer Lane · Bishop, California 93514 · Voice (760) 873-5811 · Fax (760) 872-2768

**REQUEST TO WITHHOLD DIRECTORY INFORMATION
FROM THE PUBLIC**

Patient Name: _____ Today's Date: _____

Medical Record No.: _____ Date of Birth: _____

____ I do not want any information about me, including my general medical condition and my location within the hospital, to be made available to the public. I understand the hospital cannot effectively screen the identity of persons making inquiries, so this prohibition extends to all callers, which may include family, friends and clergy.

____ I do not want my name or religious affiliation given to a member of the clergy, such as a priest or minister, if they do not ask for me by name.

Signature of patient, parent, conservator, guardian Date/Time

If signed by other than patient, indicate relationship: _____

Witness

FOR HOSPITAL USE ONLY

Received by: Date/Time