

MR #

DOB



NAME

DATE

BASSETT HEALTHCARE NETWORK

A.O. FOX HOSPITAL

Oneonta, NY 13820

BASSETT MEDICAL CENTER

Cooperstown, NY 13326

COBLESKILL REGIONAL HOSPITAL

Cobleskill, NY 12043

LITTLE FALLS HOSPITAL

Little Falls, NY 13365

O'CONNOR HOSPITAL

Delhi, NY 13753

A.O. FOX TRI-TOWN CAMPUS

Sidney, NY 13838

Clinic _____

PATIENT'S RIGHT TO "OPT OUT" FORM

H-10488 3/19 (d/forms/hosp/.ofm)

Patient: _____
(Name of Patient – please print)

Date of Birth: _____
(Date of Birth)

Requested by (if other than patient): _____
(Personal Representative of Patient) (Relationship to Patient)

Requestor Contact Information: _____
(Street Address) (City/State/Zip) (Telephone)

Patient/Requestor Signature: _____ **Date:** _____

❖ IF SOMEONE OTHER THAN THE PATIENT IS COMPLETING THIS REQUEST, PLEASE ATTACH CERTIFYING DOCUMENTATION OF YOUR STATUS AS THE PATIENT REPRESENTATIVE.

My information may be used for:

Research studies

Yes

No

We may use portions of your medical information for research purposes. For example, determine if you qualify to enter a clinical trial for a new medication or treatment.

Fundraising

Yes

No

If you select yes, The Friends of Bassett may contact you as a part of a fundraising effort.

Marketing:

New Services/ Appointment reminders/ Information about treatment alternatives:

Yes

No

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Most uses and disclosures for marketing purposes requires your authorization.

Patient Experience Surveys

Yes

No

We want to understand and learn from your experience at Bassett. Your feedback is important. We may send a survey either by standard mail, email, or phone by our survey vendor Press Ganey. Your input helps us to understand what we are doing well, and what we can improve for you and future patients.

References:

- Health Information Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information 45 CFR Part 164, Section: 164.510(A)
- Patient Privacy Program Requirements
- Community Clergy Access to Patient Listings under the HIPAA Privacy Standards Policy
- Notice of Privacy Practices
- Excluding Patients from the Patient Survey Process

Send copies to Information Privacy Security Office, Bassett Hall