

I am asserting my rights under the HIPAA Rule 164.514(e) and 164.514(f) to "opt-out" of any of the following three uses of my personally identifiable information:

1. \_\_\_\_\_ I do **not** wish to receive marketing offers from Frisbie Memorial Hospital or its affiliates. Please delete my name from all marketing lists and databases.
  
2. \_\_\_\_\_ I do **not** wish to have any information about me disclosed in connection with marketing agreements between Frisbie Memorial Hospital or its affiliates and any other company. Please delete my name from all marketing lists and databases.
  
3. \_\_\_\_\_ I do not wish to receive fundraising materials from Frisbie Memorial Hospital or its affiliates. Please delete my name from all fundraising lists and databases.

Full Name: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Patient, Parent, Legal Guardian or Other Appropriate Consenting Party

\_\_\_\_\_  
Date

