



**PROTECTED HEALTH INFORMATION PARTICIPANT
DISCLOSURE OPT-OUT FORM**

I _____ hereby request that my protected health information is not to be used and disclosed to raise funds from me for Lutheran Crossings Enhanced Living at Moorestown or its parent organization, Lutheran Social Ministries of New Jersey.

You have several options for opting out of receiving fundraising information. Please select one below.

1. Fax your completed form to 856-235-7316
2. Mail your completed form to **Lutheran Crossings Enhanced Living at Moorestown
Attn: Admissions, 255 East Main Street, Moorestown, NJ 08057**

Information for Participant Opting Out

First Name: _____ Middle Initial _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Reason for Opting Out (optional): _____

Participant /Authorized Representative Signature

Date

If signed by an Authorized Representative, please print name and describe relationship to participant:

Name

Relationship to Participant

*This form is to be used by participants who **do not** wish to receive fundraising communications from Lutheran Crossings Enhanced Living at Moorestown, or its parent organization, Lutheran Social Ministries of New Jersey.*