



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 Senior LIFE at Jersey City, 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 201-706-2092
2. Mail your completed form to Lutheran Senior LIFE at Jersey City, Attn: Medical Records Department, 377 Jersey Avenue, Ste. 310, Jersey City, NJ 07302

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 Senior LIFE at Jersey City, or its parent organization, Lutheran Social Ministries of New Jersey.***