



Morton Plant Mease Health Care Foundation

Hospitality Services Permission for Notification of Hospital Admission *Confidential*

I give permission to the Morton Plant Mease Health Care Foundation to flag my electronic medical record as a Foundation member. I understand that the flag will alert hospital staff to notify Foundation personnel that I have been admitted to the hospital.

The information provided to the Foundation will only include my demographic information (including name, address, and date of birth) and location. It will not contain specific medical information.

My Information

Patient Name _____

Date of Birth _____ Social Security Number (Last 4 digits) _____

Address _____
City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Religious Affiliation: _____ Place of Worship: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Spouse Information

Spouse's Name: _____ Social Security Number (Last 4 digits) _____

Date of Birth: _____ Cell Phone: _____ Email: _____

Religious Affiliation: _____ Place of Worship: _____

Employment

Employer: _____ Phone: _____ Email: _____

Address: _____
City State Zip

Minor Children (under 18)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Signatures (required for each adult listed)

Signature _____ Date: _____

Spouse's Signature _____ Date: _____

Please remember to bring your most current insurance information at the time of your Hospital admission along with a list of current medications, Advance Directive and Health Care Surrogate information