Greater Charleston Area Hospitals Clergy ID Badges are intended for clergy and professional pastoral visitors in the Tri-County area only. (Not intended for church members or volunteer visitors.) With this application, you must attach validation of your employment or endorsement as pastoral visitor, imprinted with your name and the name of your congregation.

Application Process

- Please complete the application. **Print clearly.**
- All future correspondence from us will be via e-mail. Please provide e-mail on application.
- Once your application is completed you may:
  - Fax the application/documentation to Carol Causey at 843-402-2849 or
  - Mail the application/documentation to
    Roper St. Francis Healthcare
    Pastoral Care – Attention Carol Causey
    2095 Henry Tecklenburg Dr.
    Charleston, SC 29414

- Once your application has been received and approved:
  You will receive either an e-mail or phone call to come to St. Francis Hospital where you will pay $5.00 for the cost of the badge. You will be given an Authorization Form to take to the Engineering Department to have your badge made.

- Badges will be made on **Tuesday’s and Thursday 8:00 – 2:30 only.**

Badges are recognized at Berkeley Day Hospital, Bon Secours-St. Francis Hospital, Charleston Memorial Hospital, East Cooper Regional Medical Center, MUSC, R. H. Johnson (Veterans) Medical Center, Roper Hospital, Summerville Medical Center, and Trident Regional Medical Center.
Clergy Badge Application

Name: (Print your name and title)

_________________________________________________________________________________

This request is for a ☐ Replacement Badge  ☐ New Badge

Name of Organization: ______________________________________________________________

Denomination: _____________________________________________________________________

Organization Mailing Address: ________________________________________________________

City: _____________________________     Zip: _________     County: _______________________

Telephone Number: __________________ email address: _________________________________

This request is for:  ☐ Ordained Clergy  ☐ Authorized Visitor

Are you Ordained?  ☐ Yes  ☐ No Licensed?  ☐ Yes  ☐ No Year: ____________

How many members are part of your organization? _____________  # of clergy _____________

Please list names of members from your community who have a badge but are no longer serving:

____________________   __________________  __________________

Documentation Presented with Application:

☐ business card  ☐ Bulletin
☐ authorization letter  ☐ Other: ____________________________________________

Federal Patient Confidentiality Regulations (HIPAA)

I understand that medical information about a hospital patient is private, including the fact that a patient is hospitalized. I hereby agree to keep such information confidential unless the patient or an authorized family member has given me explicit permission to relay the information to others. I understand that I may visit only with members of my organization.

Signed: ________________________________ Date: __________________

Pastoral Care Staff: __Carol Causey  402-2856  __Date: __________________

Disposition:  ☐ Approved  ☐ Sent for badge  ☐ hold for pick-up  ☐ Not approved