Tri-County Area Hospitals Pastoral Care ID Badge System
Application for Clergy Photo Identification Badge

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.
You must attach a current headshot photo of yourself with the application via email

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:

  Email the application/documentation/ headshot photo to Carol Causey at the following email address: carol.causey@rsfh.com

  - **We no longer accept walk in requests.**

- Once your application has been received and approved:
  You will receive an e-mail to call and make an appointment to come to St. Francis Hospital where you will pay **$15.00 for the cost** of the badge. **(Check OR Money order)** After reading a power point presentation about the policies and procedures you will then be given your badge.

- Badges will be made by appointment only.

Badges are recognized at Bon Secours St. Francis Hospital, Roper Hospital, Roper Berkeley Hospital, Roper Mt. Pleasant Hospital, Novant Health East Cooper Medical Center, MUSC, R. H. Johnson (Veterans) Medical Center, HCA Healthcare Summerville Hospital, and HCA Healthcare Trident Hospital.

Clergy visiting patients at Roper Hospital will park in the Lucas Garage. You will need to pull a ticket and have it validated at Valet Parking at the front information desk. If visiting patients at MUSC you will need to park in the Ashley Rutledge Garage or the Courtney Drive Garage.

Attach Business Card here when sending documentation in for approval

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 ❒ badge picked up ❒ hold for pick-up ❒ Not approved