

Tri-County Area Hospitals Pastoral Care Committee
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.

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 (Cash or Check)** 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 – 10:45 & 12:30 – 2:00 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.

Attach Business Card here when faxing
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 Sent for badge hold for pick-up Not approved