

Clergy Rules and Regulations Agreement
Self Regional Healthcare
Greenwood, SC

- I understand that in visiting patients at Self Regional Healthcare, I am required to abide by regulations established by the Department of Pastoral Services regarding confidentiality of medical information on all patients in Self Regional Healthcare facilities.
- I have been informed about the HIPPA law that is in effect regarding the rights of patients to allow or not allow their names to be included on the directory in the Clergy office.
- I am aware of the limitations stipulated by the HIPPA law of information that can be released with the consent of patients: name of patient, room number, denomination, and general condition.
- I am aware that information provided on the Clergy Patient Census cannot be used for inclusion in church publications such as newsletters, bulletins, and prayer lists without the expressed permission of the patient.
- I am aware that my SRH ID badge cannot be released to another person for entrance into the Clergy office and that the letter of authorization for visitation privileges becomes invalid if I terminate my ministry with the congregation that provides the authorization.
- I agree that as a condition of my continued privileges of access to the directory in the Clergy office, I will hold all hospital information in confidence, and that any violation of confidentiality will result in the termination of access to the information the Clergy office.
- I acknowledge that I have viewed the Clergy Staff Orientation Video and agree to abide by the information contained in this video.

Clergy Name (print): _____

Clergy Signature: _____ Date: _____