

# FAITH COMMUNITY AND CLERGY NOTIFICATION

*Sacred Heart Medical Center will notify your faith community of your admission to the hospital when you authorize us to do so by filling out this form.*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

My church, synagogue, temple or faith community: \_\_\_\_\_

Telephone number for my Congregation or Clergy: \_\_\_\_\_

\_\_\_\_\_ I want to have a visit from my clergy or congregation.

\_\_\_\_\_ I DO NOT want to have a visit from my clergy or congregation.

Signature: \_\_\_\_\_

The only information we will provide to your congregation will be:

Your name

Your room number and telephone number.

Whether or not you would like a visit from your congregation.

We will not disclose information regarding:

Why you are admitted to the hospital

What procedures you may be having while here.

If you choose to be a "Do Not Announce" (Confidential) patient, we are prohibited from contacting your church or community; you must make that contact yourself.

You may cancel or change your request for congregational notification at any time by:

Asking the registration clerk to make the change any time you are admitted to the hospital.

Calling the Spiritual Care office at (541) 222-2245.

Sending us a new Congregational Notification form.

Please mail completed form to:

Sacred Heart Medical Center, Spiritual Care

PO Box 10905, Eugene, OR 97440



Sacred Heart  
Medical Center  
PeaceHealth

Or give completed form to your Admitting Clerk or Nurse if you are hospitalized.