

FIRST PRESBYTERIAN CHURCH OF SUN CITY AZ
12225 North 103rd Avenue
Sun City AZ 85351-3501
623-974-3605

RELEASE OF MEDICAL INFORMATION CONSENT FORM
IN ACCORDANCE WITH HIPAA
PRIVACY RULE APRIL 2003

Members and constituents of First Presbyterian Church of Sun City AZ, we are requesting your directions regarding a portion of our care ministry. By now the majority of you have heard of HIPAA, a federal privacy act regarding health care information.

We at First Presbyterian Church want to respect your *right to privacy* at the same time continuing to provide the Christian Caring that we are noted for. Therefore, we are asking each of you to complete the following for our church records. Perhaps you have furnished a signed form previously that is now out of date. These will become part of the data base of Church Members, Affiliates and Regular Attendees available to staff at First Presbyterian as needed.

You may revoke this form at any time in writing to Norma Mack, Office Administrator.

If I am ill, as a member or constituent of First Presbyterian Church, I give permission for my name

Yes ___ No ___ to be listed on the Prayer Partners List.

Yes ___ No ___ to be published weekly in the Sunday Bulletin, when appropriate.

Yes ___ No ___ I give permission to the pastor or any other people in the Caring ministries of the Church, to visit me when in hospital or rehab facility.

Please check Yes or No (as applicable) in ink. Fill in the information below and return to the church office.

Name: _____

Address: _____

Phone #: _____

Signature _____ Date: _____

THIS WILL BE IN EFFECT FOR THREE YEARS FROM THE DATE OF THE SIGNATURE.