

Randolph Health

FaithHealthNC Member Registration Form

Name: _____

Address: _____

Phone: _____ Birth Date: (DD-MM-YYYY) _____

E-Mail Address: _____

Church Affiliation: ("NA" if none at present) _____

Do you prefer to speak a language other than English? : Yes _____ No _____

If Yes, what other language(s): _____

What to expect:

FaithHealthNC (FHNC) network members may choose to request needed assistance from a faith community or other community organizations for health-related issues. Volunteers from participating organizations will attempt to provide for the FaithHealthNC participants needs before, during, and after an illness. Volunteer caregivers **may** be able to assist in providing emotional and spiritual support, meals, transportation, obtaining help with medications, or other health-related issues. Assistance is not guaranteed, but a good faith effort will be made to assist members based upon their needs and the resources available in the FHNC network.

Terms of Participation and Privacy Information:

By registering as a FaithHealthNC network member, you give permission for us to share limited information with a community of faith, member community organizations, and with other parts of the FaithHealthNC network. If you do not want this information shared, please do not register. The shared information **will not** include Protected Health Information (PHI). PHI includes information about your illnesses, financial status, and plans for your care. The information that will be shared is your name, address, contact information, dates of service, your FaithHealthNC ID #, and support needed at home.

FaithHealthNC will maintain an internal database that will retain your FaithHealthNC ID number, name, address, contact information, birth date, congregation affiliation, support needs, and services provided.

FaithHealthNC network members may choose to end their participation at any time by calling our FaithHealthNC Navigator at 336-328-3852. You are also able to withdraw your consent for assistance on a case-by-case basis by notifying the volunteer caregiver.

(Full Name PRINTED)

Signature

Date: _____

(Items below are for FHNC office use only)

FaithHealthNC ID # _____ Date Registered _____

FaithHealthNC Navigator *336-328-3852* www.faithhealthnc.org



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