

Duke University Hospital Guidelines for Clergy Patient Visitation

Duke University Hospital recognizes the importance of spiritual care in healing and caring for patients and the role of the patient's clergy in the provision of that care. To facilitate the care and healing of our patients and the ministry of the clergy provider, the following guidelines have been established.

Clergy is defined as an ordained clergy, such as a rabbi, priest, pastor, Islamic cleric, associate pastor, licensed minister, or lay minister serving under the direction of the congregation such as Roman Catholic Eucharistic ministers.

The Clergy Badge Process:

1. Clergy may pick up badge information at the Department of Pastoral Services office in Baker House 225, the Duke Badge Office – Medical Center, by contacting the Department of Pastoral Services at 919-684-3586, or requesting this information by email: pastoralsvc@mc.duke.edu. **Please complete all written work** to be eligible to receive your clergy badge.
2. **All completed forms must be returned to the Department of Pastoral Services.** When all forms and supportive information are submitted, a check of the religious body affiliation will be made. When verified, the department will **request a Duke Unique ID number.** When this number is provided, the application will be signed by the department director, or designee. The form will be returned to the applicant by email, fax, or postal service. **Please allow three to five business days for verification to be completed and returned.**
3. The clergy person will take the signed form to the Duke Card Office-Medical Center, 0100 Facilities Center (between Duke Clinics and Duke Hospital), show a photo identification, pay the fee (\$5.00) and have their picture ID made. The ID is good for one year and must be renewed each year.
4. Renewal of ID badges can be made by contacting the Department of Pastoral Services by phone: 919-684-3586 or email: pastoralsvc@mc.duke.edu. If there are no changes in information, the department director or designee, will check and date a copy of the application and return to the applicant. The applicant will need to take copy to badge office, show a photo ID and pay the \$5.00 fee.
5. Please notify the Department of Pastoral Services of any changes from your original application.

Duke University Hospital
Department of Pastoral Services
Box 3112, DUMC
Durham, NC 27710
(919) 684-3586

Clergy Visitation Guidelines

(After you have read the following, please sign your name and date the document indicating you have read and will follow these guidelines. Return this signed form along with your application to the Pastoral Services Department.)

1. Clergy Badge must be worn while in the hospital
2. Visit only members of their congregation or faith group or those persons requesting your visit
3. Please identify yourself with Health Unit Coordinator (at main desk on unit) before visiting patients and inquire about visiting guidelines. On ICU units, you will need to call into the unit by way of intercom to announce yourself
4. Respect the wishes of patient who does not desire a clergy visit
5. Religious literature is to be left only with the patient visited
6. **Always** wash hands before and after visiting each patient
7. If you have symptoms of a cold, flu, or other disease, please do not visit
8. Contact nursing staff if **Isolation** precautions are observed on patient door
9. Do not **disclose** any information regarding the patient in Duke Hospital, including that the patient is or was hospitalized, the reason for hospital treatment, or the patient's medical condition without the express consent of the patient or, if the patient is a minor or unable to give consent, the legal guardian
10. Limit use of clergy badge to your professional function as a clergy visitor
11. I will return my clergy badge when I am no longer affiliated with the congregation identified on my application
12. I will notify the Department of Pastoral Services of any changes on my original application

By printing and signing my name, I agree to follow the above guidelines.

(Print Name) _____

(Sign Name) _____ (Date) _____

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