

Waiver of Medical Confidentiality

To insure that Houston's First Baptist Church Hope House Ministry is able to meet the housing needs of a patient going through treatment, we might need the opportunity to consult with the patient's social or case worker. Please fill out this form giving us permission to ask your medical team questions that relate to our being able to provide this gift of housing. All conversations will remain confidential within the Hope House Ministry/Pastoral Care Ministry of Houston's First Baptist Church.

Please Print

Name _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Additional Information

Driver's License State _____ Driver's License Number _____

Date of Birth _____ Place of Birth _____

I give permission to Houston's First Baptist Church Hope House Ministry to speak with my medical team to obtain information that might pertain to my health and wellbeing as it pertains to my residing in their temporary housing.

Signed _____ Date _____

Print Name _____

Witnesses by _____ Date _____

Print Name _____