



Sinai Hospital  
Northwest Hospital  
Carroll Hospital  
Levindale Hebrew Geriatric Center and Hospital



## MARYLAND FAITH HEALTH NETWORK REGISTRATION FORM

<b>MEMBER INFORMATION</b>		<b>MEMBER ID#</b>
First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss
Last Name:		<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Legal Name (if different from above):		
Date of Birth (MM/DD/YYYY): / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race (select all that apply): <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	
Street Address:	Best Phone Number: ( )	
City:	State:	Zip Code:
Email Address:		
<b>CONGREGATION INFORMATION</b>		<b>CONGREGATION ID# 2001</b>
Congregation Name: Beth Israel Congregation		
Congregation Address: 3706 Crondall Lane, Owings Mills, MD 21117		
Denomination: Conservative Jewish	Congregation Phone Number: (410) 654-0800	Liaison Name: Rabbi Jay Goldstein
<b>MEMBER AUTHORIZATION</b>		
<p>I agree to be a participant in the Maryland Faith Health Network of the Maryland Citizens' Health Initiative Education Fund, Inc. In doing so, I understand that: (1) While hospitalized, with my permission the hospital will give a representative of my congregation, my name, my location in the facility, and general condition (not specific medical information); (2) I may choose to opt out of the program at any time by calling 410-235-9000; (3) Liaisons and other faith leaders working with the Maryland Faith Health Network will not provide health services or health care advice as part of the Maryland Faith Health Network; (4) My information may be reported to the CRISP health information exchange so that my congregation can be alerted by the identified hospital representative when I am in the hospital; and (5) I may opt out of CRISP at any time.</p> <p>MCHI has chosen to participate in Chesapeake Regional Information System for our Patients [CRISP], the state-designated health information exchange for Maryland. As permitted by law, your health information will be shared with this exchange to provide faster access, better coordination of care, and improved knowledge for providers. You may "opt-out" and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at <a href="http://www.crisphealth.org">www.crisphealth.org</a>. Public Health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), is available on behalf of all patients to providers by law.</p>		
<b>Member Signature:</b>	<b>Date:</b>	

Maryland Citizens' Health Initiative  
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