

Prayer List Policy

We are not able to list a person's name *and* illness on the prayer list without that person's specific written authorization.

We may pray for people during worship, but only if that person has asked for prayers by either completing a prayer authorization form, or by verbally asking the pastor, parish nurse, or office staff to put your name on the list. Only the person who has the health issue may request prayers (or a parent/guardian for a child).

We may not disclose any health information without the patient's written authorization, for that illness or condition.

Authorization to share information does not carry over to a new health situation. If a person heals from an illness, then later has another health issue, a new authorization form must be filled out and signed by that same person before we can share information about the new condition.

Special prayer requests submitted on the communion registration card are never placed on any public prayer list or chain, but referred to a pastor, parish nurse, or deacon.

Web forms need to be printed out, signed, and mailed in or dropped off at the church.

Zion Lutheran Church
PRAYER LIST AUTHORIZATION FORM:

I hereby give my permission to have my name placed on the public prayer list at Zion Lutheran Church of Warroad, MN. This includes the following:

- the “Partners in Prayer” hand-out
- the “Prayers of the Faithful” prayed at worship services
- the church website, www.zlcw.org

This permission is given during this particular health issue (list as you wish to have it appear in the “Partners in Prayer” list and the website; for example, “going through cancer treatment” or “recovering from recent accident”):

I would like Zion’s e-mail and/or phone prayer chain to be enacted for my prayer concern.

_____ yes
_____ no

If **yes**, check one:

- _____ I would like my prayer concern to be shared only with the prayer chain recipients on Zion’s distribution list (the prayer chain members are instructed not to share my information with other people).
- _____ I would like my prayer concern forwarded to others in the prayer chain recipients’ address books (this effectively shares my prayer concern with many people who I may not know or who may not be members of Zion).

Once I have recovered from this health issue, I will let the church know to remove my name.

The following family/friend contact person(s) has (have) my permission to share news of my condition:

I also give permission for a pastor, parish nurse, or deacon to visit me at my home or at the hospital.

Name (printed) _____

Signature _____

(or signature of the guardian of a minor)

Date _____

Witness _____