

Date

Church Name
Address
City, State, Zip Code

**RE:** Disclosure of potential COVID-19 exposure

Dear Church Member,

 Our pastoral team would like to make you aware that a church member (*or staff member*) has been exposed to COVID-19. According to our policy, the church family is being alerted to potential exposure.

 Due to HIPAA requirements, this is the extent of the information we can provide. Our recommendation is to monitor family members closely for COVID-19 symptoms, and if anyone in your family presents any symptoms, follow the protocols in place for our church family.

Please let us know if you have any concerns. We appreciate your support during this unprecedented time.

Sincerely,

Administration Signature