

# MINISTRY DEVELOPMENT SERVICES

6100 Sardis Road Charlotte, NC 28270  
Tel: (704) 554- 9222 Fax: (704) 307-4607

## Limits of Confidentiality and Release of Information

I, \_\_\_\_\_, am over eighteen years of age and know and  
(Full Name)

understand that I may have legal rights under federal and state laws of privacy and privileged communication regarding disclosure of information concerning me, including mental health information, whether contained in records and reports or expressed orally or in writing by me or others. I understand that Ministry Development Services, in providing verbal and/or written vocational and psychological assessment, is contracted by the Board of Ordained Ministry, Western North Carolina Conference-United Methodist Church.

I understand that it is the purpose of the Ministry Development Services at the conclusion of my assessment to provide a written summary report of its finding and recommendations regarding me to the Board of Ordained Ministry, Western North Carolina Conference-United Methodist Church. I also understand that any information I provide in written or verbal form may be included in the summary report to the Board of Ordained Ministry, Western North Carolina Conference-United Methodist Church.

I understand that the written summary report will be used and/or disseminated as the Board of Ordained Ministry deems necessary as decisions are made concerning my relationship to the Western North Carolina Conference-United Methodist Church.

I hereby waive any applicable rights of privacy or privilege and authorize Ministry Development Services, its staff and employees to discuss and/or convey any information in any form, written or verbal, and by any means, in person or by telephone, mail, fax, email, or hand delivery, which they determine proper in the evaluation(s) to the following:

THE BOARD OF ORDAINED MINISTRY  
THE WESTERN NORTH CAROLINA CONFERENCE  
UNITED METHODIST CHURCH  
C/o United Methodist Center  
PO Box 18005  
Charlotte, North Carolina 28218

This consent to release information will expire four (4) years from the date of the written summary report referred to herein; however, I understand that I may revoke this consent at any time by written notice to the Board of Ordained Ministry of the Western North Carolina Conference-United Methodist Church.

I expressly understand and agree that no liability of any nature shall attach to the Ministry Development Services or its officers and directors, staff and employees, in acting upon my request for the release of confidential information.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

Witnessed by:

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Address, City, State, Zip Code of Witness)