



MINISTRY DEVELOPMENT SERVICES

Steps in Making a Referral

Your referral of persons to the Ministry Development Services is appreciated. The steps outlined below are designed to assist you in making a good referral. Over the years we have found that the best referrals happen when clients are prepared to make good use of the program and when the Ministry Development Services is provided with helpful background information about the client and the reason for the referral.

1. Encourage the person to participate in the program for *his or her own sake* rather than simply as a requirement. Whenever possible, encourage the person's *spouse* to participate as well.
2. It is helpful when the person who is making the referral communicates directly with the Center in writing or by telephone in order to provide us with important background information on the client. For example, it is important to know the perceptions others have of the client, the nature of any problems or conflicts, expectations for outcome of the program, etc.
3. To protect the individual's privacy and in accordance to HIPAA guidelines, MDS cannot accept or release any personal or identifying information about the referee without their consent. Therefore, it is essential that the *Limits of Confidentiality and Release of Information* form is signed by the referee, witnessed and either mailed or faxed to the MDS office as soon as possible and prior to the appointment date.
4. However, it is usually advisable for *the person to take the initiative to schedule* her or his own appointment directly with MDS. When the individual has scheduled the appointment, the MDS office will inform you of this date with a reminder of the additional information that is needed.
5. In the case of an *emergency referral*, feel free to call MDS yourself and notify us of the need. Although appointments are often scheduled four to six weeks in advance, we do try to have some flexibility in scheduling in emergency situations.
6. We are prepared to make a written summary report on a client when this is required. However, in order to conserve on costs, *we request that a report be required only when absolutely necessary*, as in the case of an assessment of a clergy person in crisis or of a candidacy evaluation. In all other cases we usually do not prepare written reports. There is an additional charge for a written report.
7. When a report is in order, *make it clear to the person that you expect the release of a summary clinical report* from MDS after the program is completed. It is best to do this in writing (with a copy sent to MDS) and to have the person's agreement with this expectation prior to the program. MDS cannot negotiate this matter with the client on behalf of you or a judicatory committee. We are bound by professional ethics not to release any material without the client's informed consent. It is appropriate for you to indicate to the client the implications of his or her unwillingness to release a report to you or a judicatory committee.
8. It will normally take three or four weeks after the program before you will have a summary clinical report. *If there is an urgent need to have a report prior to this time*, let us know this ahead of the program.
9. The last line of every report reads, "If any of the material in the report needs amplification or clarification, please contact the counselor." *Please do contact the counselor* if you have questions on anything in the report; we welcome the opportunity to talk with you further.
10. Please feel free to call us if you need further information about our programs or the appropriateness of a particular referral. We desire to do our best to assist you in your personnel work.
11. There are two forms attached for you to download. The *Limits of Confidentiality and Release of Information* form needs to be returned to the MDS office as soon as possible. The other form, entitled *Referral Information*, pages 1 and 2, needs to be completed prior to the person's appointment.

Ministry Development Services
Presbyterian Psychological Services
5203 Sharon Road, Charlotte, NC 28210
(704) 554-9222 Phone (704) 554-9956 Fax
Email: mds@presbypsych.org
Website: www.presbypsych.org



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Limits of Confidentiality and Release of Information

I, (Full Name) _____, am over eighteen years of age and know and 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 the Ministry Development Services of Presbyterian Psychological Services (PPS), in providing verbal and/or written vocational and/or psychological assessment of me, is contracted by:

(Religious or Judicatory Body Referring me to PPS)

I understand that the contracting organization name above (the Referrer) through its designated official may provide information about me to the Ministry Development Services of PPS and that this may include any information which the designated official of the Referrer and/or members of the Staff of the Ministry Development Services of PPS may deem necessary or helpful in providing a vocational and/or psychological assessment of me.

I understand that the Ministry Development Services of PPS at the conclusion of my assessment may provide a written summary report of its findings and recommendations regarding me to the Referrer and/or its designated official. I also understand that any information I provide to the Ministry Development Services of PPS in written or verbal form may be included in such a summary report to the Referrer through its designated official.

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

(Name and Title of Referrer's Designated Official)

(Address or P.O. Box)

(City, State, and Zip Code)

(If information is to be released to a Committee, please designate the Committee, in addition to the person(s) named above)

For the purpose of _____ effectiveness in ministry
(State reason for referral to MDS of PPS: evaluation as inquirer or candidate, effectiveness in ministry, etc.)

This consent to release information will expire one (1) year from the date of this release; however, I understand that I may revoke this consent at any time by signed written notice to the Ministry Development Services of PPS.

I expressly understand and agree that no liability of any nature shall attach to the Ministry Development Services of PPS, Presbyterian Psychological 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)

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Referral Information

NAME OF REFERROR:

ADDRESS:

Client name:

Please respond to the following questions. Use additional pages if necessary.

- 1. What is this person's present employment situation as you see it?**

- 2. What are this person's occupational and personal strengths from your observation or the observation of others reported to you?**

- 3. What are this person's major problem areas?**

- 4. What do you feel this program can contribute to this person at this time?"**

Note: It is most helpful if your evaluative comments can be as forthright and specific as possible. If you feel that your comments would be helpful to the client please send a copy of this form along with your list of questions. Copy sent to client? Yes__ No__

Signature: _____

Date: _____

Relationship to Client: _____

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Referral Information

Client Name:

What specific questions would you like to have answered? These will shape, to some degree, the focus of the counseling.

Signature: Date: _____

Relationship to client _____

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