Ministry Development Services

P.O. Box 2634   Indian Trail, NC 28079-2634
Tel: 704 554-9222
mdvs@ministryds.org

Limits of Confidentiality and Release of Information

I, _____, am over eighteen years of age and know and understand that I
          (Full Name)
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 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:

<div align="center">

The Board of Ordained Ministry
The Western North Carolina Conference United Methodist Church
c/o The United Methodist Center
PO Box 2757
Huntersville, North Carolina 28070-2757

</div>

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 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)