Ministry Development Services

P.O. Box 2634, Indian Trail, NC 28079-2634
Tel: (704)554-9222
E-mail: 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:

Unitarian Universalist Association

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 designated official in the contracting organization named above. I also understand that anything I provide in written or verbal form may be included in the summary report to the contracting organization through its designated official.

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 Rev Dr. Joniper Kupono Kwog
Ministerial Credentialing Office
24 Farnsworth St. FL-3
Boston, MA 02210-1409

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

For the purpose of: Evaluation as an Aspirant

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 written notice to Ministry Development Services.

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)

_____
(City, State, Zip Code)

Witnessed by:

_____
(Signature of Witness)

_____
(Address, City, State, Zip Code)