

Ministry Development Services
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Email: kathy.hudspeth@presbypsych.org
[Http://ministryds.org](http://ministryds.org)

Limits of Confidentiality and Release of Information

I, _____, am over eighteen years of age and know and understand that I may have legal
(Full Name)
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 psychological assessment is contracted by the Board of Ordained Ministry of the Western North Carolina Conference-United Methodist Church

I understand that it is the purpose of Ministry Development Services of PPS 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 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 the Ministry Development Services of PPS, its staff and employees to discuss 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:

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 of PPS, the 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)