

MINISTRY DEVELOPMENT SERVICES

PO Box 2634, Indian Trail, NC 28079

Tel: (704)554-9222

Email: mdvs@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 in providing verbal and/or written vocational and psychological assessment is contracted by the Board of Ordained Ministry, South 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, South 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, South 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 South Carolina Conference-United Methodist Church.

I hereby waive any applicable rights of privacy or privilege and authorize the 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
SOUTH CAROLINA CONFERENCE
UNITED METHODIST CHURCH
c/o Office of Clergy Services
United Methodist Center
4908 Colonial Drive, suite 122
Columbia, South Carolina 29203**

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 South Carolina Conference-United Methodist Church.

I expressly understand and agree that no liability of any nature shall attach to the South Carolina United Methodist Conference and South Carolina United Methodist Board of Ministry, 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)

(City, State, Zip Code)

Witnessed by:

(Signature of Witness)

(Address)

(City, State, Zip Code)