

CENTER FOR CAREER DEVELOPMENT AND MINISTRY
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LIMITS OF CONFIDENTIALITY

All materials, including test data and interviews, are held in professional confidence and can be released only by your written permission to persons whom you specifically authorize to receive such information. Exceptions to the rule of confidentiality include those instances that are defined by law, where the life or safety of the individual and/or specifically named others are believed to be genuinely at risk. You will be asked to complete a form regarding any personal history of ethical complaints or charges made against you. Another important exception should be noted: When a person is required to attend the Center as a candidate for ordination by an examining body or is referred by a supervisory authority who requires a report, the Center is obligated to make a report in either written or oral form. Any information shared on paper, or in person with a counselor or a consultant becomes subject to counselor evaluation and comment. You counselor may contact your references.

The preferred reporting format is a three-way conversation between client, counselor and referring party. Where this is not feasible or where a written report is required, this document is first submitted to the client for comment and emendation in matters of factual information and professional judgment, with the fullest possible discussion between client and counselor in such situations. Final responsibility for professional opinion must, however, remain with the counselor and not the client. In no case will a report be released until you specifically authorize that release by signing a form which requests that such information be provided to individuals, which you designate. The time frame for report release is one month up to a maximum of six months from the date of the program.

I have read and understand the limits of confidentiality involved in my program at the Center for Career Development and Ministry. I also agree to allow data from my program to be used for research on the vocation of ministry the Center may engage in, with the understanding that my identity will at all times be strictly protected, and my confidentiality will not be compromised.

Signed: _____ Witness: _____

Address: _____ Address: _____

Date: _____ Date: _____

Please return this signed form (keeping a copy for your records) along with your *Autobiographical Statement* and other program materials.