

The Center for Career Development and Ministry
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Release of Information and HIPPA Consent

I, _____, am over eighteen years of age and
(full name)

know and understand that I 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 hereby waive any applicable rights of privacy or privilege and authorize The Center for Career Development and Ministry, its staff and employees to discuss and/or convey any information which they determine proper in the evaluation(s) to the following:

(Name and title)

(Address or P.O. Box)

(City, State, and Zip code)

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

for the purpose of _____.

I further give my permission to use email transmissions for this purpose, releasing the Center, officers and directors, staff and employees from any liability regarding the possible breach of confidentiality of email transmissions via the Internet, and from any liability in acting upon my request for the release of confidential information to my Judicatory office and/or Committee designate. This consent to release information will expire three (3) months from the date of this release; however, I understand that I may revoke this consent at any time by written notice to The Center for Career Development and Ministry.

Dated and signed this _____ day of _____, 20_____.

(Signature)

(Address)

(Town, State, Zip code)

(phone number)

Witnessed by:

(Signature of Witness)

(Address, City, State, Zip code of Witness)