

## Authorization and Consent to Release of Personal Information

I, \_\_\_\_\_, am voluntarily seeking to be a candidate for Postulancy, ordination, and/or other ministry position (my “Application”) in the Diocese of the Mid-Atlantic of the Anglican Church in North America. As part of the Diocese’s decision-making process about my application, I am required to undergo certain medical and health assessments and certain psychiatric and/or psychological assessments (the “Assessment”) by person(s) and/or entities selected or approved by the Diocese.

I understand that the Assessment is only one part of the Diocese’s decision-making process and that information about the Assessment may be considered with other information known or available to the Diocese in deciding whether or not to accept me or to continue considering my Application. I also understand that the Diocese’s decisions about my Application are fundamentally and primarily religious decisions about service in a religious and ecclesial vocation. Nonetheless, I understand that information from the Assessment may be important and even decisive in the Diocese’s decision. I voluntarily consent to participate in the Assessment, and I agree to cooperate fully in good faith with the Assessment.

I understand that the Assessment may include any or all of the tests, evaluations, reports, responses, opinions, records, and other documents and information called for by and/or provided to or received by the Diocese in connection with the Physical Examination for the Ordination Process and/or the Psychological Examination for included in the Diocese’s Forms and Guidelines for Rectors and Those Seeking Holy Orders (as may be revised by the Diocese from time to time in its sole discretion).

I understand that I will be asked to provide various types of information about myself which may include but not be limited to information about my family, medical history, psychological and psychiatric history, criminal history, financial history, sexual behavior and attitudes, drug and alcohol use, relationships, education, and employment.

I agree that all the information I provide for the Assessment will be true, correct, and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions of any kind in the Assessment process are sufficient cause for dismissal from the Application process or denial of my Application.

I understand that at the conclusion of the Assessment a written report may be prepared that will contain conclusions, opinions, observations, recommendations for possible follow-up and similar actions. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to the Bishop or Ecclesiastical Authority of the Diocese.

I authorize the Bishop or his Designee to disclose and to discuss the written Assessment report with those involved in the application process (as determined by the Bishop in his sole discretion). I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with the Bishop and/or his Designee and those involved in the application process.

I understand and agree that the Diocese will have the right to control the use and disclosure of information regarding the Assessment, both during consideration of my Application and after consideration of my Application has terminated, regardless of the action taken on my Application, and that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.

As consideration for having my Application considered by the Diocese, I hereby waive, release, and discharge the Diocese and its Bishop, clergy, officers, directors, employees, volunteers, legal representatives, agents, and all persons and entities involved in conducting the Assessment and their respective officers, directors, employees, volunteers, legal representatives, agents, heirs, administrators, successors, assigns and legal representatives (all collectively the “Released Parties”) from all liability of any kind, including but not limited to personal injury, defamation, slander, libel, negligence, invasion of privacy, breach of contract, or otherwise, in law or in equity, arising out of my participation in the Assessment, the use or disclosure of information regarding the Assessment, or arising in any other way as a result of or in connection with the Assessment.

I also agree not to sue or make a claim against the Released Parties for injury, damage, or loss of any kind sustained as a result of my participation in the Assessment, the use or disclosure of information regarding the Assessment, or arising in any other way as a result of or in connection with the Assessment. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys’ fees, incurred in connection with any such action.

I agree to resolve any dispute in a biblical manner, according to the principles stated in 1 Corinthians 6:1-11, Matthew 5:23-24; Matthew 18:15-20, and other relevant Scriptures, including submitting any dispute related to the Assessment or this Authorization and Release to Christian mediation and, if unsuccessful, legally binding Christian arbitration in accordance with the Rules of Procedure for Christian Conciliation, of the Institute for Christian Conciliation (406-256-1583). These methods shall be the sole remedy for any controversy or claim arising out of this Authorization and Release and I expressly waive my right to file a lawsuit or claim against the Released Parties for such disputes.

If any term or part of this Authorization and Release is ever determined to be invalid and/or unenforceable, in whole or in part, by any court with jurisdiction of the matter, that term or part shall be deemed modified to the least degree necessary to remedy the invalidity. All other terms and parts shall survive and continue to be fully valid, binding, and enforceable as though the invalid or unenforceable terms and parts had never been included in this Authorization and Release.

I agree that this Authorization and Release is the entire agreement between me and the Diocese about this subject, and it supersedes any and all other communications about this subject. No amendment or change to this Authorization and Release shall be effective unless made in writing and signed by me and by an authorized representative of the Diocese. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Virginia. I understand that this Authorization and Release is legally binding and I sign it as my own knowing and voluntary act.

**Applicant:**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

*MM/DD/YYYY*

**Witness:**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

*MM/DD/YYYY*