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# **Mental Health Evaluation for the Ordination Process Authorization to Release Information**

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release all records and information pertaining to my Mental Health Assessment for Ordination, including but not limited to opinions and responses to any questionnaires, both orally and in writing, to:

The Anglican Diocese of Pittsburgh

Attn: Bishop’s Office

Nova Tower 1, One Allegheny Sq Ste 650

Pittsburgh, PA 15212

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to present the written Assessment report tothe Bishop or Ecclesiastical Authority of the Diocese and to discuss it with the Bishop or with those whom he designates. I authorize the Bishop or Ecclesiastical Authority to disclose the written Assessment report to those involved in the application process and to discuss it with them.

I understand that the information being released is confidential and, as such, is protected by state law. Furthermore, state regulations limit any further disclosure of this information without prior written consent. I have read the above and understand the nature and use of this release, which shall be in effect from today's date until a decision is made about the status of my ordination application. If I desire to revoke it, I understand I need to submit my request in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate Date

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Signature of Witness Date