

## HOLY ORDERS, FORM 2: WAIVER OF INFORMATION

AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS AND INDEMNITY AND HOLD HARMLESS AGREEMENT (referred to herein as “Authorization and Release”)

To: The Bishop  
The Episcopal Diocese of Tennessee  
3700 Woodmont Boulevard Nashville, TN 37215

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Permanent Address of Applicant: \_\_\_\_\_

Current Address of Applicant if different from above: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Today’s date: \_\_\_\_\_

1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position (referred to herein as “application”) in the Episcopal Church through a process conducted by the Episcopal Diocese of Tennessee (“Diocese”). I understand that as a part of the Diocese’s decision making process about my application, I am required to submit written materials with supporting documents (“Application”) and to undergo a physical, psychiatric and/or psychological assessment (“Assessment”) by a person or persons selected or approved by the Diocese.
  
2. I understand that the Assessment is only one part of the Diocese’s decision making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese’s decision.

\_\_\_\_\_ Initialed by Applicant

3. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, physical tests, psychological tests, psychiatric tests, and/or clinical interviews. 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, financial history, medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education and employment. I agree that all the information I provide for the Application and/or 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 Application or Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.
4. I authorize all health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to, my responses to any questionnaires, tests and interview questions. If deemed necessary by a mental health professional, I agree to document my authorization in a form that satisfies the requirements of applicable law.
5. I understand that at the conclusion of the Assessment, a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the 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 Ecclesiastical Authority to disclose to and discuss the written Assessment report and the Application with those involved in the application process. I authorize the health professionals involved in the Assessment and persons involved with the Application to discuss the written Assessment report or Application with the Bishop or Ecclesiastical Authority and those involved in the application process.
6. I understand and agree that whether or not I have paid for the Assessment or Application documents or any part thereof, all of the records and document related to the Assessment or Application do not belong to me and I do not have the right to see them, have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment or Application with the personnel involved in the Assessment or application process nor am I entitled to have anyone else discuss the Assessment or Application with them on my behalf.

\_\_\_\_\_ Initialed by Applicant

I agree that I will not request or seek to obtain from the Bishop or Ecclesiastical Authority or Diocese or from any of the persons involved in the Assessment or application process or from any other person or entity the originals or any copies of any records or documents related to the Assessment or Application nor will I authorize anyone to do so on my behalf.

7. I understand that after the Assessment described herein, the Diocese may determine that further assessment or information is necessary before a decision is made on my application. If I elect to participate in such, all the terms of this Authorization and Release shall apply to any further Assessment or Application material.
8. I understand and agree that the Diocese will have the right to control the use and disclosure of information regarding the Assessment and Application 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, the written Assessment report or the Application.
9. I consent to the use of information that I provide or that is developed from the Assessment for research purposes, including but not limited to, publication and presentation to the scientific or religious communities and/or other audiences, provided that if so used, the information will be presented in a disguised format to preclude identification of my individual identity.
10. As consideration for having my application considered by the Diocese, I hereby waive, release, discharge and hold harmless The Episcopal Diocese of Tennessee and its Bishop, all Bishops, Canons and staff, the Standing Committee and Commission on Ministry and their members or representatives, the Parish/Mission and Congregational Discernment Committee and Priest, all examining or evaluating physicians and any other person, professional or lay, who represents the Diocese, Parish/Mission or who are involved in this application process (“the Released Parties”) from liability or causes of all kinds including, but not limited to, personal injury, defamation, slander, libel, negligence, invasion of privacy, breach of contract, or process, use or disclosure of information regarding the Assessment or Application or arising in any other way as a result of the Assessment or Application or this process.

\_\_\_\_\_ Initialed by Applicant

11. 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 or application process, the use or disclosure of information regarding the Assessment or Application, or relating in any way to the Assessment or application process. 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.
  
12. I agree that if any portion of this Authorization and Release is found by a court to be unenforceable for any reason, the remainder of this Authorization and Release shall remain valid and in full force and effect.
  
13. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of Authorization and Release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this Authorization and Release I have not relied upon any statements or explanations made by any of the Released Parties or by any attorney of any of the Released Parties. I have initialed each page of this Authorization and Release indicating that I have read and understand each paragraph.

\_\_\_\_\_ Initialed by Applicant

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print or type Applicant's Name \_\_\_\_\_

Witness' Signature \_\_\_\_\_

**TO THE SIGNER:**

Please send the original to The Episcopal Diocese of Tennessee. Please give copies of this form to:

\_\_\_\_\_ The physician for your physical examination

\_\_\_\_\_ The psychiatrist for your psychiatric evaluation