

Consent for Psychological Testing

I agree that, prior to admission to Aspirancy for the Permanent Diaconate, I will submit to psychological testing by, and interview with, a licensed psychologist selected by the Diocese of Colorado Springs. I agree that a copy of my completed application package and any and all supporting material are to be forwarded to the psychologist who will administer the testing. Further, I acknowledge that the Diocese of Colorado Springs is the owner of the report that is produced as a result of the above-described psychological testing and that I have no right to the contents of that report.

Applicant's name

Signature

Date

Authorization for Release of Confidential Information

I authorize the Roman Catholic Diocese of Colorado Springs to obtain from and/or disclose to the licensed psychologist that will conduct my examination information pertaining to for the purpose of coordination of care and/or determining suitability for formation in/ordination to the Order of Deacon in the Roman Catholic Church.

I specifically authorize the release of confidential information relating to mental health and psychological testing and report.

Applicant's name

Signature

Date

I understand that I may revoke this authorization at any time, except to the extent that action has been taken on this authorization.

I am aware that I have the right to refuse to release information about myself, to determine to whom the information will be released, and to know why the release of information is being

requested. A copy of this form will be considered as valid as the original. I understand that I may cancel this consent to release information at any time by sending written notice to the Director of Formation, Office of the Permanent Diaconate, Diocese of Colorado Springs, 228 North Cascade Ave, Colorado Springs, CO 80903. Disclosure of this information carries with it the potential for unauthorized disclosure and once information is disclosed it may no longer be protected by federal privacy regulations. Refusal to sign this release will result in an inability to provide coordinated care or refusal of admission to the Diocese of Colorado Springs's Diaconate Formation Program.

Signature of Applicant

Date

Signature of Witness

Date

Relation to Applicant