

Assessment and Counseling Services



Steven Snook, Ph.D., LLC

EVANGELICAL LUTHERAN CHURCH IN AMERICA
DIVISION FOR MINISTRY

Name: _____

Address: _____

Phone: _____

Synod: _____

PSYCHOLOGICAL EVALUATION
INFORMED CONSENT AND RELEASE OF INFORMATION

1. I, _____ authorize Dr. Steven Snook, Ph.D. LLC to
(Name of Applicant)
Conduct a clinical interview and psychological evaluation and release this information to the Southeastern Synod of the Evangelical Lutheran Church in America.

2. I also acknowledge that I have been given an opportunity to read and obtain a copy of the Steven Snook, Ph.D., LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Deanna McDonald, Privacy Officer.

My signature below indicates that a.) **I have read and understand this information;** b.) I agree to the terms as presented; and c.) I give voluntary consent for Steven Snook, Ph.D. to conduct the psychological evaluation and release any information disclosed to Dr. Snook in the evaluation and interview process to be disclosed to the Evangelical Lutheran Church in America.

Signature of Applicant

Date

Witness

Date

This consent is subject to revocation at any time except to the extent that the program that is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon _____

Prohibition on re-disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Confidentiality of Alcohol and Drug Abuse Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside of the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse unless:

(1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations).

(Approved by the office of Management and Budget under Control No. 0930-0099).