

Kentucky Office of Vocational Rehabilitation

OVR 15A-Authorization for Release of Personal/Protected Health Information

Instructions

The purpose of this instructions is to give directions for filling out the OVR-15B. This release of information can be sent to medical offices for medical records. The applicant or consumer must sign the form to give permission for the release of those records to the counselor.

Consumer Name Enter consumer name

Consumer Social Security Number Enter consumer's social security number

Consumer Address Enter consumers street address, city, state, and zip code

Consumer's Name Enter consumer's name

Covered entity's name and address Enter covered entity's name and address

Counselor's Name and Address Enter counselor's name and address

Specific type of information to be disclosed Enter the type of records to be disclosed

**AIDS/HIV-related information,
Non-AIDS/HIV-related
information, or Both**

Choose whether AIDS/HIV-related information, Non-AIDS/HIV-related information, or both types of records are being requested

Expiration Date

Put the date that the release expires. It should be 12 months or 1 year from the release's signature

Signature

Please use these instructions for DocuSign before sending the release to the consumer

Select Start for quick access to the most common eSignature actions.

1. Select Send an Envelope
2. Use the template of the OVR 15A.
3. Enter the recipient's name(s) and contact information.
 - a. As a sender, you will receive a copy of the completed Document. Place the copy in the consumer file.

If signing the release in person, please print off the release and have the consumer and a witness sign it. After mailing the release to the appropriate records provider, put a copy in the consumer file.