

Kentucky Office of Vocational Rehabilitation

OVR-15B

Instructions

Purpose:

The 15B release is used to give the counselor permission to share information with another agency, contact person, or any other entity of the individual's choosing. The counselor will fill out the form and ask the individual to sign it. The signed form must go in the case file of the individual.

Name of Individual

Enter the first and last name of the individual

Social Security Number (SSN)

Enter the address of the individual

Address

Enter the social security number of the individual (9 digits)

Release of personal or protected health information

Enter the purpose for the release of the information

To whom the information can be released

Enter the name(s) of the individual(s) to whom the information can be released

Purpose for which the information is released

Enter the documents in possession of the agency that the individual gives permission for the agency to release

Signature of Individual

Please use these instructions for DocuSign before sending the form 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-15B.
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.

Please use these instructions if sending the form by regular mail.

1. After filling out the form, print off the form and mark where the individual needs to sign before sending it to the individual. When the form is received, place it in the case file.