

# 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-15A. 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.

### My Authorization

<b>Consumer Name</b>	Enter Consumer Name
<b>Consumer Date of Birth</b>	Enter the date of birth for the consumer
<b>Consumer Social Security Number</b>	Enter the last four digits of the consumer's social security number
<b>Time Period of Information</b>	Enter the start date and end date of the records request
<b>Specific Records to be Disclosed</b>	Select the type of records that need to be disclosed
<b>If other, please specify</b>	Enter the type of records to be disclosed if they are not represented on the form
<b>Specific information to be disclosed</b>	Enter the specific information within the records that need to be disclosed

### Disclosing Party

**Disclosing Party**

Enter the name of the disclosing party who has the records to be disclosed

**Disclosing Party Address**

Enter the city, state, and zip code of the disclosing party

**Receiving Party**

**Vocational Rehabilitation Counselor's Name**

Enter the name of the counselor requesting the records

**Vocational Rehabilitation Counselor's Address**

Enter the street address, city, state, and zip code for the counselor

**Vocational Rehabilitation Counselor's Email Address, Phone Number, and Fax Number**

Enter the email address, phone number, and fax number for the counselor

**My Rights**

Make sure that the consumer signing the form reads their rights, so they are aware of them.

**Signatures**

**Consumer Signature and Date**

Have the consumer sign the form and date it

**Witness Signature and Date**

Have a witness of the consumer's signature sign and date the form. This can be the counselor.

**Representative Signature**

Have the representative sign and date the form. In some cases, the representative may sign the form instead of the consumer

## **Authority of Representative and printed name of representative**

Select the type of representative and have the representative print their name at the bottom of the form

## **Electronic 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.