Kentucky Office of Vocational Rehabilitation

OVR-15A-Request for Records

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 individual must sign the form to give permission for the release of those records to the counselor.

Individual Information

Individual First Name — Enter the individual's first name.

Individual Middle Initial — Enter the middle initial for the individual using one letter if applicable.

Individual Last Name — Enter the last name of the individual.

Individual Date of Birth — Use the drop-down to select the month, day, and year or manually enter the date of birth using the format MM/DD/YYYY.

Individual Social Security Number — Enter the last four digits of the Individual's social security number.

Case Number — Enter the six-digit case number generated by CMS.

Time Period of Information — Enter the start date and end date of the records request

Specific Records to be Disclosed — Select the type of records that need to be disclosed

If other, please specify	Enter the type of records to be disclosed if they are not represented on the form
Specific information to be disclosed	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 being requested.
Disclosing Party Address Line 1	Enter the street address of the disclosing party.
Disclosing Party Address Line 2	Enter the apartment, suite number, etc. if applicable.
City	Enter the city of the disclosing party.
State	Enter the state of the disclosing party.
Zip Code	Enter the five-digit zip code for the disclosing party.

Receiving Party

Vocational Rehabilitation Counselor's First Name, Middle Initial, Last Name	Enter the first name, middle initial, and last name of the counselor requesting the records.
Receiving Party (OVR) Address Line 1	Enter the street address for the receiving party (OVR).

Receiving Party (OVR) Address Line 2	Enter the suite number of the receiving party (OVR) if applicable.
Receiving Party (OVR) City	Enter the city of the receiving party (OVR).
Receiving Party (OVR) State	Enter the state of the receiving party (OVR).
Receiving Party (OVR) Zip Code	Enter the five-digit zip code of the receiving party (OVR).
Vocational Rehabilitation Counselor's Email Address, Phone Number, and Fax Number	Enter the email address, phone number (including area code), and fax number (including area code) for the counselor.

My Rights

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

Signatures

Individual Signature and Date	Have the individual sign the form and date it
Witness Signature and Date	Have a witness of the individual's signature sign and date the form. This can be the counselor.
Legal Guardian Signature	Have the legal guardian sign and date the form. In some cases, the legal guardian may sign the form instead of the individual.
Guardian/Legal Status	Select the type of guardian or their legal status and have the individual print their name at the bottom of the form.