

Kentucky Office of Vocational Rehabilitation

OVR-15B-Written consent for release of personal or protected health information in possession of OVR

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 last 4 digits of the SSN

Address Enter the address of the individual

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 the template in DocuSign if sending the form electronically. If sending by regular mail, please fill out the form, mail it to the individual, and scan the signed copy into CMS when it is received.