15b(1/20)

Education and Labor Cabinet
Office of Vocational Rehabilitation

Written Consent for Release of Personal or Protected Health Information In Possession of the Office of Vocational Rehabilitation

Name of Individual _____ SSN _____

Address _____

I hereby give my informed consent for the release of the following documents in possession of the Kentucky Office of Vocational Rehabilitation that contain personal and protected health information about me:

_____

_____

_____

This information may be released only to: _____

_____

who shall use it only for the following purpose: _____

_____

I understand that written medical, psychological, or other information which the Office of Vocational Rehabilitation believes may be harmful to me may not be released directly to me but shall be provided through either a third party chosen by me such as, a family member, advocate, or qualified medical or mental health professional; or a court appointed representative.

I understand that personal and protected health information that has been obtained by the Office of Vocational Rehabilitation from another agency or organization may be released only by or under conditions established by the other agency or organization.

I may revoke this consent in writing at any time provided to the Office of Vocational Rehabilitation. However, any action taken in reliance on this consent prior to receipt of the revocation cannot be reversed and my revocation does not affect those actions. This date/event/condition allows this release to expire beyond 12 months or 1 year:
If a date/event/condition is not specified, this release will expire within 12 months or 1 year.

_____ _____
Signature Date

_____ _____
Signature of Guardian Date

PROHIBITION ON REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER PROTECTED HEALTH INFORMATION IF HELD BY ANOTHER PARTY IS NOT SUFFICIENT FOR THIS PURPOSE.