OVR 15B

(rev. 01/2024)

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

Kentucky Career Center
Vocational Rehabilitation

1. CONSUMER INFORMATION

Name	SSN *(last 4 digits)*

Address		
City	**State**	**Zip Code**

2. CONSENT FOR RELEASE

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

Describe the nature of the personal or protected health information you are giving the agency permission to release

This information may be released only to:

Who shall use it for the following purpose(s):

3. TERMS AND CONDITIONS

1. 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.
2. 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.

3. 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.

The following 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 from the date signed.

4. SIGNATURES

Consumer Signature _____ Date (MM/DD/YYYY) _____

Parent/Legal Guardian Signature (if applicable) _____ Date (MM/DD/YYYY) _____

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.

The Kentucky Office of Vocational Rehabilitation does not discriminate based on race, color, national origin, sex, age, religion, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, veteran status, or any other status protected by applicable law.