

Department of Workforce Development  
Office of Vocational Rehabilitation

**AUTHORIZATION FOR RELEASE OF PERSONAL  
OR PROTECTED HEALTH INFORMATION**

**RE:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
Consumer name  
\_\_\_\_\_  
Address **Date of Birth:** \_\_\_\_\_  
\_\_\_\_\_  
City, state, zip

1. I, \_\_\_\_\_, hereby authorize the disclosure of personal  
Consumer's name  
or protected health information about me by:

**Covered Entity's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

I understand that signing this form will not interfere with my treatment, payment, enrollment or eligibility for benefits from this provider.

2. The protected health information shall be disclosed to:

**Kentucky Office of Vocational Rehabilitation**

**Counselor name:** \_\_\_\_\_  
**Office address:** \_\_\_\_\_  
**City, State, zip:** \_\_\_\_\_

I understand that the use and purpose of this disclosure is to determine my eligibility for and/or the nature and scope of vocational rehabilitation services on my behalf.

3. **The specific type of information to be disclosed is:**

_____
_____
_____

4. If the information being requested is from an alcohol or drug treatment case, 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records applies: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization of the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

5. This form authorizes the release of health information including HIV-related information. You may choose to release only your non-HIV health information, only HIV-related information, or

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both. Your information may be protected by federal privacy and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV. Under Kentucky law, subject to the exceptions in KRS 214.181, HIV-related information can only be given to people you allow to have it by signing a written release.  AIDS/HIV-related information  Non-AIDS/HIV related information  Both

- 6. Any person who receives mental health or chemical dependency protected health information is prohibited by KRS 304.17A-555 from re-disclosing that information without my specific written consent.
- 7. However, I understand that some protected health information used or disclosed may be subject to re-disclosure by the person or class or persons or entity receiving it, and would then no longer be protected by federal privacy regulations.
- 8. The information disclosed to the Office of Vocational Rehabilitation shall be held confidential and shall be used only in the administration of the vocational rehabilitation program of the identified individual. Personal or protected health information that has been obtained by the Office of Vocational Rehabilitation from another agency or organization may be released only under the conditions established by that agency or organization.
- 9. I may **revoke** this authorization by notifying the Office of Vocational Rehabilitation in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed and my revocation will not affect those actions.
- 10. This authorization **expires** on \_\_\_\_\_, which is twelve (12) months or 1 year from the date of my signature below.

**I have read and understand this authorization and give my informed consent for the use and release of my protected health information.**

Signature of Individual OR, Guardian or Personal Representative	Representative's Authority or Relationship	DATE
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Witness (If Required)	DATE
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The Kentucky Education Cabinet, Department for Workforce Investment, Office of Vocational Rehabilitation does not discriminate on the basis of 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.