

**Cabinet for Workforce Development
Department of Vocational Rehabilitation**

**Written Consent for Release of Personal or Protected Health Information
In Possession of the Department 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 Department 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 Department 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 Department 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 Department 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 consent for release of personal information will expire 60 days from the date of my signature below:

Signature

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.