

**WORKFORCE DEVELOPMENT CABINET
DEPARTMENT OF VOCATIONAL REHABILITATION**

**AUTHORIZATION FOR RELEASE OF PERSONAL OR PROTECTED HEALTH INFORMATION
TO THE DEPARTMENT OF VOCATIONAL REHABILITATION**

DISCLOSURE OF INFORMATION FROM:

RE:

(Name)	
(SS#)	(Birth date)

-----fold line-----

1. AUTHORIZATION: I, _____, hereby authorize the disclosure of personal or protected health information about me as described below from the entity listed above.

2. DISCLOSURE OF COPIES OF INFORMATION ARE TO BE PROVIDED TO:

Counselor Name:

Address:

Address:

City, State, Zip:

3. DISCLOSURE OF SPECIFIC INFORMATION including information on diagnosis, test results, or treatment of HIV and AIDS, drug and/or alcohol abuse, and mental health or psychiatric disorders, as follows:

4. I understand that the information used or disclosed may be subject to redisclosure by the person or class or persons or entity receiving it, and would then no longer be protected by federal privacy regulations.

5. The information disclosed to the Department 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 Department of Vocational Rehabilitation from another agency or organization may be released only under the conditions established by that agency or organization.

6. I may **revoke** this authorization by notifying the Department 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.

7. This authorization **expires** on _____, which is sixty (60) days from the date of my signature below.

I have read and understand this authorization for release of information.

Signature of Individual

Date

OR, if applicable,

Signature of Guardian/Personal Representative

Representative's Authority/Relationship

Date