

CUSTOMER REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

I have been informed that the Office of Vocational Rehabilitation (OVR) has an obligation to keep my personal information and my records confidential. I have also been informed that I may choose to allow OVR to release any part or all of my personal and case record information to designated individuals or agencies. By completing and signing this form, I am authorizing release of specific information to a designated individual[s].

I, _____, authorize OVR to share the following specific information with:
Customer Name

Name/Agency: _____ Phone: _____

Address: _____

with copies of documents as may be listed below for the time period of _____ to _____.

Information I am Willing to Share

List as specifically as possible, i.e. name, dates of service, specific documents, forms, etc. If HIV/AIDS or Drug/Alcohol related information is to be released it must be indicated specifically in this section. If Psychiatric Psychological records are to be released they must be indicated specifically in this section.

- | | |
|---|---|
| ☐ Name | ☐ Date of Service |
| ☐ Documents | ☐ Forms |
| ☐ HIV/AIDS related information | ☐ Drug/Alcohol related information |
| ☐ Psychiatric/Psychological | ☐ Other |

If Documents/Other, please specify below:

Purpose for Disclosure (please specify below)

I understand that this release is valid when I sign it and remains effective for a period of one (1) year from the date of my signature. Additionally, I understand that I may withdraw my consent to this release at any time either orally or in writing.

I further certify my understanding that OVR is not responsible for and cannot safeguard the confidentiality of information disclosed to third parties pursuant to this authorization.

* Customer/Parent/Responsible Party

* Date

* OVR Counselor

* Date

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____.
Date

* Customer/Parent/Responsible Party

* Date