STATE OF KANSAS
Department For Children and Families - Vocational Rehabilitation (VR)

Release of Information
Authorization for Disclosure to Release and Obtain Private Information

NAME: (Last, First, MI)	SOCIAL SECURITY NUMBER ###-##-	BIRTHDATE

I authorize the disclosure of my private information, as follows:

Disclosure of information from:	Disclosure of information to: VR Services Vocational Rehabilitation Attn:
Phone: Fax:	Phone: Fax:

The type and amount of information to be disclosed:

- ☑ Medical records including diagnoses, prognoses, treatment plans, medical recommendations, current general health status, medications and employment limitations imposed by disability. This includes, but not limited to general physical exam, visual reports, and audiological evaluations, etc. Limited to medical records from _____to_____.
- ☐ Drug/alcohol treatment records
- ☐ HIV/AIDS – Related Information
- ☑ Psychiatric/Psychological testing/reports: including DSM V diagnosis, treatment records, clinical notes, discharge summaries & functional limitations to employment.
- ☐ Employment Information and Records including, but not limited to verification of wage earnings, hours, benefits, and performance
- ☐ Vocational information, including vocational evaluations, recommendations, employment barriers, plans, and progress reports.
- ☐ Criminal History Records, current legal system involvement
- ☐ Academic testing/Transcripts/Degree Analysis
- ☒ Educational Records (IEP/504/Behavioral Plan/Schedule)
- ☐ Financial Aid Award Letter
- ☐ Accommodation/Employment Needs
- ☐ Service Record Information
- ☐ Other: _____
- ☒ Other: Determine VR Eligibility
- ☐ Other: _____

☒ **Electronic Information Exchange:** I authorize use of e-mail and/or other electronic devices by VR for exchange of information with me. I understand that there are no security features in place to assure confidentiality.

The information identified above is necessary for: Determination of eligibility, planning, and coordination for rehabilitation services.

Authorization for Disclosure: (A photocopy or fax of this release is as effective as the original):

- I understand the information released by this authorization may include personally identifying information concerning physical and mental disabilities, alcohol/drug abuse, HIV/AIDS, medical history, criminal history, and educational/vocational records.
- I understand the authorization for disclosure allows verbal and written communication to the identified party above.
- I understand that this authorization for disclosure is voluntary. I understand that VR will use the information disclosed for purposes of vocational rehabilitation, and will not be released to any other person, agency, or entity for purpose without my written permission except as required by Federal or State law.
- Parties to whom VR provides information are prohibited under federal regulations (34 CFR 361 and/or 45 CFR Part 2) from further releasing the information without my express written consent. However, I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure by the party receiving it. I also understand the specific rules governing VR's re-disclosure of information obtained under this release, which are identified in VR's Rights and Responsibilities document.
- Date upon which this authorization will expire: October 2023 I understand that I may revoke this release by notifying VR staff at any time in writing and that it will automatically expire within one (1) year of the signature date listed below.

I certify that I agree to the uses and disclosures listed above and that I will receive a copy of this authorization.

_____
Signature of Individual Date

_____
Signature Parent, Guardian, or Authorized Representative Date

_____
Print Name Relationship

NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING VR RECORDS

This information is being disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (34-CFR Part 361) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of information is NOT sufficient for this purpose.