Ohio | Opportunities for Ohioans with Disabilities

Consent to Obtain and Release Information

Last Name: _____ **First:** _____ **Middle Initial:** _____

Social Security Number: _____ **Birthdate** (m/d/yyyy): _____

I authorize Opportunities for Ohioans with Disabilities (OOD) or one of its Vocational Rehabilitation (VR) Contractors to (specify the source, including address and phone #):

- ☐ obtain information about me from: _____
- ☐ release information about me to: _____
- ☐ both obtain and release information from and release information to:

_____

I am aware that my confidential personal information may be sent and received electronically. I am authorizing that the information indicated below can be released by OOD or one of its VR Contractors. Purpose of Release: _____

- ☐ Confidential Personal Information
- ☐ Psychological/Psychiatric Records
- ☐ Educational Records
- ☐ Medical Information
- ☐ Vocational Evaluations and Reports
- ☐ Sickle Cell Anemia
- ☐ Drug abuse, alcoholism, other substance use disorders
- ☐ Human Immunodeficiency Virus Infection (HIV), including Acquired Immunodeficiency Syndrome (AIDS)
- ☐ Other: Please specify: _____
- ☐ Background Information, including criminal background check, Sex Offender Registry search, and residence check using Social Security Number. For background information, please provide:

  Maiden/Married Names: _____ Aliases: _____
  Current Address: _____
  Ohio Driver's License #/State ID #: _____

I am requesting that this consent expire:

- ☐ 12 months from the date of my signature (maximum for medical or psychological information)
- ☐ on (date)
- ☐ upon closure of my case.
- ❖ **I understand that I may cancel this consent at any time by contacting my OOD counselor or my VR contract coordinator.**

This general and special authorization to obtain and disclose was developed to comply with the provisions regarding disclosure of medical, educational and other information under P.L. 104-191 ("HIPAA"); 34 CFR 361.38; 45 CFR parts 160 and 164; 42 U.S. Code Section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and Ohio State Law, OAC 3304-2-63.

_____ _____
Applicant/Eligible Individual Signature Date

_____ _____
Applicant/Eligible Individual Authorized Representative's Signature (if applicable) Date

_____ _____
Witness Signature Date

OOD and VR Contractors do not discriminate against any person on the basis of race, color, religion, national origin/ancestry, disability, age (40 years or older), sexual orientation, gender or sex, veteran or military status, and/or genetic information or in any manner prohibited by law.

A copy of this form shall be: 1) provided to the applicant/eligible individual; 2) placed in the AWARE Case File; and 3) provided to any of the sources whom are listed above.