

State of Utah Department of Workforce Services Utah State Office of Rehabilitation

RELEASE FOR INFORMATION EXCHANGE

Federal regulations require USOR to inform you of situations where information about you may be accessed or released and to identify the specific agency(ies) with which the information will be exchanged.

The purpose of this exchange of information is to facilitate a smooth and uninterrupted eligibility determination process and if appropriate, to facilitate other vocational rehabilitation service including referrals for continued employment support under the Ticket to Work Program. Care will be taken by all agencies involved to release only that information which is required for effective and efficient implementation of services. Confidential information to be included in this interagency information exchange agreement may include: Educational, psychological, medical, social and vocational information relevant to your needs as a client of USOR. This release should not be used to share detailed medical or psychological information.

Client Name:		Phone:	
		Date of Birth (mm/dd/yyyy):	
	Entities to Share Acces	ss to Confidential Informa	ation
Utah State Office of F	Rehabilitation		
Div of:		Entity Name:	
Address:			
		Contact Person:	
		☐ Life of Case* or ☐ Temporary	
			Expiration Date
Address:		_	
Contact Person:		_	
☐ Life of Case* or ☐ Temporary		_	
	Expiration Date		
Client/Parent/Guardian Signature: /s/			Date:

*Life of Case means the final day of the month following the termination of my currently open program(s) with USOR.