



**Texas Workforce Commission  
Vocational Rehabilitation Services  
Authorization for Release of Confidential  
Customer Records and Information**

With few exceptions, you are entitled, on request, to be informed about the information that VRS releases and collects about you. You also are entitled to receive and review the information, and to have VRS correct information about you that is incorrect. (Sections 552.021, 552.023, and 559.004 of the Government Code)

Customer's name:	Last four digits of Social Security number:	Date of birth:
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Records or information to be released:
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Release information or send records to (name and address if applicable):
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Purpose for disclosure (specify reason: for example, customer request, claim, litigation, application for disability, participation in customer appointment):
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The following considerations apply, to the extent that the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its regulations apply, to the release of any protected health information included in the information above.

**Acknowledgment of notices:** I acknowledge that VRS has provided me a copy of this authorization and has notified me that:

- I may refuse to sign this authorization, and my refusal to sign it will not affect my receiving services from VRS;
- any information obtained from another agency or organization may be released only by or under the conditions established by that agency or organization; and
- if VRS releases my protected health information, some or all of this information may be redisclosed. If redisclosed, this information may no longer be protected from further disclosure by law, particularly by the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**Period of validity of authorization:** I understand that I may revoke this release in writing at any time after signing it, except that any revocation does not affect an action taken based on this release. Until revoked by me, this release remains valid either for a period of 365 days from the date signed, or until the date when I cease to be a VRS applicant or customer, whichever date occurs earlier.

I, on behalf of myself or any other person or entity who may have an interest in the matter, hereby release VRS, and any person or organization requesting information from VRS, from all legal responsibility and liability that might arise from this disclosure of personal information based upon this signed release.

**Miscellaneous:** I further authorize VRS and those disclosing my protected health care information and personal information under this authorization to exchange this information electronically (for example, by email or fax). A photocopy of this authorization is fully acceptable as an original.

Signature of customer, parent, guardian, and/or representative: <b>X</b>	Printed name of customer, parent, guardian, and/or representative: <b>X</b>	Date:
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This permission to release information complies with the Drug Abuse Prevention, Treatment and Rehabilitation Act, as amended, 42 U.S.C. Sec. 290ee-3 (290dd-2), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, as amended, 42 U.S.C. Sec. 290dd-3 (290dd-2), and 42 CFR Part 2.