

Client Name:

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 services. Care will be taken by all agencies involved to release only that 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 for detailed medical or psychological information normally requiring a HIPPA type release of information.

Client Address:
Client Birth Date:
Agencies to Share Access to Confidential Information
Utah State Office of Rehabilitation 926 West Baxter Drive South Jordan, UT 84095-8687 801) 446-2560 Fax: (801) 254-7200
Agency Name: Jordan School District Address: Contact Person: Phone: 8) Life of Case or Temporary Exp. Date:
Agency Name: Address: Contact Person: Phone: () Life of Case or Temporary Exp. Date:
Agency Name: Address: Contact Person: Phone:) Life of Case or Temporary Exp. Date:
Client/ Parent/ Guardian Signature
Witness



Date: 0