

**Authorization for Release of Information**

Client Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I, \_\_\_\_\_ authorize ASAP at Wilson Place  
to release information to:

**KY Transportation Cabinet**  
**200 Metro St.**  
**Frankfort, KY 40601**

Information to be \_\_\_ mailed \_\_\_ picked up. Date: \_\_\_\_\_

Type of information to be released:  
All information in client's file  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of disclosure:  
\_\_\_\_\_

The information may be communicated in the following manner:  Oral  Written

This authorization shall be in effect for 12 months or completion of services following the date of signature.

I understand that I may revoke this consent at any time by notifying the providing organization in writing, except to the extent that the action has already been taken in reliance on it and that in any event this consent expires automatically as described above. I also understand Alcohol and Drug client records are protected by the Federal Law (42CFR Part 2) and cannot be disclosed without this written consent unless otherwise provided in the federal regulations.

Signature of Client  
Or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client if unable to sign \_\_\_\_\_

Witness \_\_\_\_\_

I authorize the release of the indicated sensitive records also (client to initial):

- Mental Health Records..... \_\_\_\_\_ (initial)
- HIV or AIDS ..... \_\_\_\_\_ (initial)
- Chemical Dependency ..... \_\_\_\_\_ (initial)
- DUI Records ..... \_\_\_\_\_ (initial)