

Career Counseling and Information and Referral Form B: Refusal

DR 397B (Rev. 3/17)

Page 1 of 2

This is Me:

Last Name	First Name	Middle Name
Address	City	Zip Code
Conservator Name (If Applicable)	Last 4 Digits of My SSN #	Employment Start Date

This is Where I Work:

Employer Name	Employer Phone #	Employer Email
Employer Street Address	City	Zip Code

I Don't Want Career Counseling and Information and Referral (CC&IR) Services Because:

Briefly describe the employee's reason for refusing CC&IR services.

My signature below means I have refused CC&IR services from the Department of Rehabilitation (DOR) on _____ (date).

I understand that by refusing these services, I will not be able to accept or continue working in a job earning subminimum wage.

Employee Signature: _____ Date: _____

Conservator Signature (If Appl.): _____ Date: _____

DOR Staff Name (Print): _____ Date: _____

DOR Staff Signature: _____ Date: _____

Delivery Method: Hand-delivered Emailed Faxed Mailed Other _____

Career Counseling and Information and Referral**Form B: Refusal**

DR 397B (Rev. 3/17)

Page 2 of 2

FORM B COMPLETION INSTRUCTIONS

- 1. Employee original form.** Provide the original Form B to the employee. This form and the date it is signed serve as documentation that the employee waived/refused career counseling and information and referral services from DOR.
- 2. Employer copy.** Obtain a copy of the Form B from the employee. **Note:** DOR cannot make or retain copies for the employer without employee's written consent.
- 3. DOR copy.** Retain a copy of the Form B for DOR records.

For more information on the requirements for career counseling and information and referral services, refer to Code of Federal Regulations, title 34, parts 397.1 through 397.50, at <https://ecfr.io/Title-34/sp34.2.397.a>

PRIVACY STATEMENT

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form, including in some cases the Social Security Number, is necessary to correctly identify the individual and provide his or her written consent to obtain or release information to assist in the delivery of vocational rehabilitation services or release information at the individual's request (Welfare & Inst. Code §§ 19005, 19011, 29.U.S.C § 705(2)). Individuals should not provide any personal information on this form that is not requested.

An individual has the right to revoke this authorization by providing written notice to the local Department of Rehabilitation (DOR) office serving the individual. If an individual revokes the authorization, it will not affect information already used or released before the DOR received the individual's written notice. The federal Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 290dd-2) may not protect information after it is released or provided to agencies not covered by that law. Even though the DOR is not subject to HIPAA, the DOR adheres to applicable federal and state privacy laws. The DOR's Privacy Policy is online at www.dor.ca.gov.

NOTICE TO INDIVIDUAL OR AGENCY RECEIVING OR OBTAINING INFORMATION

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR staff listed on the form.

Any personal information collected by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5. (34 C.F.R. § 361.38(e)(4) and (5)).

If information is RELEASED to an individual or agency with the informed, written consent of the individual to whom the information pertains, the receiving individual or agency should be aware that the information from the DOR is confidential. Federal regulation and state law and regulation prohibit any further disclosure of this information without the informed, written consent of the individual to whom this information pertains, unless otherwise permitted by law.