Clermont County Public Health

Prevent. Promote. Protect.

PLEASE RETURN SIGNED FORM(S)

Clermont County Public Health
RELEASE OF INFORMATION
Authorization Form

I, the undersigned, authorize Clermont County Public Health (CCPH) to release or obtain information from my child's medical/dental record. I authorize the following agencies / persons who furnish my child with health care or medical supplies to give CCPH information related to the extent, duration, and scope of services provided to my child. Such information may include, but is not limited to, patient medical records, records showing the date, time and length of office visits, tests or treatments, and program eligibility (please write your initials next to all that apply):

- _____Ohio Department of Health CMH Program
- _____Cincinnati Children's Hospital Medical Center
- _____Local Health Departments
- _____Child's Physicians/Healthcare Providers
- _____WIC program
- _____Daycare or School attended by my child
- _____Pharmacy and/or Durable Medical Equipment Company
- _____Help Me Grow programs
- _____Clermont County Developmental Disabilities
- _____Clermont County Family and Children First
- _____Other (write in any other agencies involved in your child's care): _____

CMH Child's (Client's) Name (Please Print):_____ Birth Date: ___ /___ /____
Parent's/Legal Guardian's Name (Please Print):_____
Parents/Legal Guardian Signature & INITIALS: _____
Date Signed: ____ /____/_____

The above information is to be released/obtained to/from:
Clermont County Public Health
Nursing Division
2400 Clermont Center Drive, Suite 200
Batavia, OH 45103
Phone: (513) 735-8400
Fax: (513) 735-8420

I understand that I am not required to sign this authorization form, and that CCPH does not condition the provision of treatment or services on signing this authorization.

I understand that I have the right to cancel this authorization at any time by presenting my written request for cancellation to the Nursing Director, or designated representative, at CCPH. I understand the revocation will not apply to information that has already been released in response to this authorization.

Unless I cancel sooner, this authorization will expire 12 months from the date this form is signed.

Revised 6/22/2023