Allen County Child Support Enforcement Agency

support is key

Phone: 419 224-7133 Toll Free: 1 800 224-7133
Fax: 419 222-6135 E-Mail: CICC_allen@jfs.ohio.gov

Address: 200 W. Market Street, P.O. Box 1589, Lima, Ohio 45801

Vicki J. Tarr, Director

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____, hereby authorize any health care provider, including but not limited to, hospitals, physicians, therapists, nurse practitioners, registered nurses, LPN's, or other persons and/or facilities who have attended me, to furnish to:

ALLEN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
200 WEST MARKET STREET
P.O. BOX 1589
LIMA, OHIO 45802-1589

any and all protected health information regarding my physical/mental health conditions, or regarding any injuries or disease for which I have consulted you or received your services, including the nature of any physical impairment, subjective symptoms, history, contributing factors, objective evaluations, physical examinations, diagnoses, complications, prescriptions, drug/alcohol use or abuse, drug/alcohol treatment, psychiatric/psychological treatment and/or care, X-rays, photographs, any other scan/imaging, copies of hospital records, bills, medical records, doctors' bills, or other documentation of treatment, estimates of the period or amount of disability, if any, consultation letters to or from other health care providers regarding me, prognosis, and any further information which may be available to you. This release applies to all protected health information that you may have for/regarding me, also including but not limited to, worker's compensation, accident, and primary care files.

I hereby release you from any and all restrictions imposed by law in disclosing or revealing any protected health information, professional record, observation or communication in accordance with this release. I also release all parties from the re-disclosure of any protected health information, professional record, observation or communication.

I FURTHER UNDERSTAND THAT ONCE THIS INFORMATION IS RELEASED TO THE ALLEN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY, SAID AGENCY MAY RELEASE THIS INFORMATION TO A COURT OF LAW AS EVIDENCE, THUS MAKING MY HEALTH INFORMATION A PART OF THE PUBLIC RECORD IN MY CHILD SUPPORT CASE AND POSSIBLY SUBJECT TO DISCOVERY BY ANY OTHER PARTY INVOLVED IN MY CHILD SUPPORT CASE.

I HEREBY AUTHORIZE THE ALLEN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY AND/OR ANY OF ITS AUTHORIZED EMPLOYEES/AGENTS TO RELEASE ANY PORTION OR ALL OF MY HEALTH INFORMATION OBTAINED FROM ME OR FROM ANY HEALTH CARE PROVIDER PURSUANT TO THIS RELEASE, TO ANY COURT OF LAW INVOLVED IN MY CHILD SUPPORT CASE. I FURTHER AUTHORIZE THE ALLEN COUNTY CHILD SUPPORT AGENCY AND/OR ANY OF ITS AUTHORIZED EMPLOYEES/AGENTS TO RELEASE SUCH HEALTH INFORMATION TO ANY OPPOSING PARTY IN MY CHILD SUPPORT CASE AND/OR HIS/HER ATTORNEY AS MAY BE REQUIRED BY OHIO LAW, RULES OF PROCEDURE, AND/OR COURT ORDER. I RELEASE ALLEN COUNTY, ITS DULY ELECTED/APPOINTED COMMISSIONERS AND THEIR AUTHORIZED EMPLOYEES/AGENTS, AND THE ALLEN COUNTY CHILD SUPPORT

OVER

ENFORCEMENT AGENCY AND ALL OF ITS AUTHORIZED EMPLOYEES/AGENTS FROM ANY AND ALL RESTRICTIONS IMPOSED BY LAW, AND FROM ANY AND ALL LIABILITY, IN DISCLOSING OR REVEALING ANY OF MY PROTECTED HEALTH INFORMATION IN SAID AGENCY'S POSSESSION TO ANY COURT OF LAW, OR OPPOSING PARTY IN MY CHILD SUPPORT CASE, AND/OR SAID OPPOSING PARTY'S ATTORNEY, AS MAY BE NECESSARY AND/OR REQUIRED BY LAW, RULE OF PROCEDURE AND/OR COURT ORDER.

A copy of this signed Authorization for release of health information shall be considered as effective and valid as the original. **THIS AUTHORIZATION SHALL BE VALID AND IN FORCE FOR TWELVE MONTHS FROM THE AUTHORIZATION DATE.**

STATE OF OHIO
SS:
COUNTY, ALLEN,

I, _____, first being duly sworn according to the laws of the State of Ohio, state as follows:

I have read the above Authorization for Release of Protected Health Information and fully understand all the provisions of the Authorization. I understand that neither the Allen County Child Support Enforcement Agency nor any of its attorneys or other authorized employees/agents represent me in any way whatsoever. I am signing this Authorization freely and voluntarily.

_____ _____
Date Signature

_____
Address

_____
City, State, Zip

_____
Date of Birth

_____
Social Security Number

The above-named _____, having provided photographic verification of his/her identity, personally appeared before me, a notary public in and for said County and State and acknowledged that he/she signed the foregoing Authorization freely and voluntarily without threat, coercion or any undue influence.

WHEREFORE, I have hereunto set my hand and official seal this ____ day of _____, 20_____.

_____