FRANKLIN COUNTY SHERIFF'S OFFICE
Authorization for Release of Information

Inmate Name:	SS No.	D.O.B.

I hereby authorize: _____
To release my mental health/medical information to / from:
(Circle Choice)

Full name & address of person/facility:		
❑ Franklin County Corrections Center 1 370 S. Front Street Columbus, Ohio 43215 Fax 462-6106	❑ Franklin County Corrections Center 2 2460 Jackson Pike Columbus, Ohio 43223 Fax 462-6107	❑ _____ _____ _____ _____

Dates of Treatment:

Information I authorize to be released:

- ❑ Termination/Discharge Summary
- ❑ AOD Assessment
- ❑ Psychiatric examination
- ❑ History & Physical
- ❑ Psychological evaluation
- ❑ Diagnostic assessment
- ❑ Progress Note – last
- ❑ Lab results
- ❑ Treatment Plan/ISP
- ❑ Consultation
- ❑ Orders
- ❑ Communication
- ❑ All related Medical Information
- ❑ Other (Specify) _____

I understand that this information extends to all or any part of the records indicated above which may include treatment for psychiatric illness, alcohol and/or drug abuse, HIV test results, AIDS/ARC diagnoses, and/or other communicable diseases unless indicated below.

Indicate exception or exclusions, if any, to information released: None
Reason for disclosure: Continuity of Care
This consent will remain valid for 180 days from the date of the inmate's signature unless an earlier date is specified here:

This authorization may be revoked in writing by the inmate at any time but shall not be retroactive for information released in good faith prior to receipt of the revocation.

NOTE: This information has been disclosed to you from records whose confidentiality is protected from disclosure by State law. Section 5122.31 and/or Section 3701.243 of the Ohio Revised code prohibit you from making further disclosure of it without the specific written and informed release of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Inmate Signature:	Date:
Witness Signature:	Date: