



Public Records Request

Date _____

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Fax _____ Cellular _____

Email address _____

Organization or Business _____

Please list information requested;

Date and time you would like to pick up the information requested _____

*Requests may take up to 30 days.

1. You must bring a valid ID when picking up the information requested.
2. Information will not be released without validation of proper ID.
3. A charge will apply to all requests.
4. These rules are established to protect the identity of our patients as stated by HIPPA.
5. Requests are filled in accordance with ORC 149.43(A).

Signature _____ Date _____