



Adoption Home Study Services of Ohio Inc.

358 Edna St • Alliance, Ohio 44601

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Release of Information

I hereby authorize

**Adoption Home Study Services of Ohio
358 Edna St. Alliance, Ohio 44601**

to release Adoption home study information and support documents to:

Agency: name: _____
 address: _____
 phone: _____
 email: _____

Attorney: name: _____
 address: _____
 phone: _____
 email: _____

*As required by section 2.32(a) Prohibition on
Redislosure of patients and/or persons being identified as
an individual who abused alcohol or drugs. This
information is disclosed to you from the records whose
confidentiality is protected by Federal Law. Federal
Regulation (42 CFR parts 2) prohibits you from making
any further disclosure of it without the otherwise
permitted by such regulations. A general written consent
of the person to whom it pertains or as authorization for
release of information of medical or other information is
not sufficient for this purpose.)*

Applicant # 1 date

Applicant # 2 date