

Release of Information

I hereby authorize \_\_\_\_\_ to release my information to:

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

Phone: 330-829-9400  
Email: [Homestudyohio@hotmail.com](mailto:Homestudyohio@hotmail.com)  
Contact Person: Brenda S. Lare, MSSA,LSW,Director

**My Identifying Information:**

Full Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Approximate Dates of Services: \_\_\_\_\_

**This information is being requested for the purpose of an Adoption Home Study Assessment. Your cooperation in providing this information quickly is very much appreciated.**

I authorize the following information to be released from my mental/behavioral health records:

- History and Physical
- Psychosocial Assessment
- Medications
- Psychiatric Eval/Tests
- Psychosocial Eval/Tests
- Psychological Testing Results
- Progress Notes
- Alcohol/Drug Assessments
- Discharge Summary
- Any Relevant Information
- Alcohol/Drug Treatment Records

*I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon this authorization. If not previously revoked, this authorization will expire after 60 days. The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.*

Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ date: \_\_\_\_\_

## Response to Request for Information

We have received your Request for Information re: \_\_\_\_\_

We are taking the following action: [please check appropriate box]

We are preparing information and will send ASAP

Records no longer exist

Agency policy does not allow us to respond

Other: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

**Please mail or email this Response to Request for Information Form ASAP to:**

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358 Edna St.  
Alliance, Ohio 44601**

Phone: 330-829-9400

Email: [Homestudyohio@hotmail.com](mailto:Homestudyohio@hotmail.com)

Contact Person: Brenda S. Lare, MSSA,LSW,Director

*Thank You ! Your help is much appreciated!*