

Adoption Home Study Services of Ohio

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Authorization for Release of Information

Adoption Home Study Services of Ohio is hereby granted my/our permission to release a written copy of my/our adoption home study and any necessary supporting documentation as allowed by Ohio State Law to:

(agency/attorney)

(address)

(contact person)

(phone)

As required by section 2.32(a) Prohibition on Redisclosure 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.)

Signature applicant #1 / date

Signature applicant #2 / date

Witness signature / date