



222 East Central Parkway • Cincinnati, Ohio 45202-1225

General Information: (513) 946-1000

General Information TDD: (513) 946-1295

FAX: (513) 946-1366

www.hcjfs.org

Date:

CINCINNATI OH

Re: Record Request

Dear _____,

I am sending this letter in response to your request for information regarding records HCJFS may have in regards to you as either a child or as an adult. There are federal and state laws which regulate what type of information can be released.

Please complete the enclosed forms and explain the specific information you are requesting, and why you need the information.

- HCJFS 4461 – Request for Case Record Information
- HCJFS 4458 – Authorization to Release Information

We also need identification that includes a photo and social security number. Please enclose copies of two forms of identification from the list below:

- Social security card
- Driver's license
- State identification card
- Birth certificate
- Passport or travel visa

A notarized statement containing your name, address, date of birth and social security number may be submitted in lieu of the two forms of identification.

Once your written request has been received, it will be reviewed, and a response will be mailed back to you within 90 days. If you have any questions please call me at 946-_____.

Sincerely,

Records Custodian

Enclosures:

HCJFS 4461 – Request for Case Record Information

HCJFS 4458 – Authorization to Release Information and Waiver of Claims



Request for Case Record Information

Please complete the following:

Name:		Alias, if any:		Date of Birth:
Address:			Contact Information:	
City:		State:	Zip Code:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	Race:		Home phone: _____ Work phone: _____ Cell phone: _____ Other: _____

If requesting information from when you were a minor, please also complete:

Mother's Name:	Date of Birth:	Social Security Number:
Father's Name:	Date of Birth:	Social Security Number:

I request the following information:

Why I need case record information:

Signature

Date

Two forms of identification, which include a photo and social security number, must be attached to this request. Please include copies of **two of the following**:

- Social security card
- Driver's license
- State identification card
- Birth certificate
- Passport or travel visa

A notarized statement containing your name, address, date of birth and social security number may be submitted in lieu of the two forms of identification.

Please send this completed HCJFS 4461 – Request for Case Record Information, along with the signed HCJFS 4458 – Authorization to Release Information, and two forms of identification listed above, to the HCJFS Records Custodian in the enclosed postage paid envelope.



Hamilton County Department of Job and Family Services
Authorization to Release Information and Waiver of Claims

I, _____, authorize the Hamilton County Department of Job and Family Services (HCJFS) to release information to me about myself. I understand that the information about myself comes from records which are confidential by federal and state law and may include records containing Protected Health Information as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA); substance abuse diagnostic and treatment records protected under Federal Regulations (42 CFR Part 2); and child abuse and neglect reports, investigations and case management services.

I further understand that the decision to release information to me is within the discretion of HCJFS.

I waive any claim I may have against Hamilton County, Ohio; the Board of County Commissioners of Hamilton County, Ohio; HCJFS; and any employees of Hamilton County, Ohio and HCJFS as a result of the release of information to me or decision not to release information to me.

Signature

Date

Printed Name