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|  | 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](http://www.hcjfs.org) |

Re: Record Request

Hello,

I am sending this letter in response to your request for information regarding records Hamilton County Job and Family Services  may have in regards to you as either a child or as an adult.

**Please note:**

**There are federal and state laws which regulate what type of information Hamilton County Job and Family Services can release to our clients.** Records of investigations, services provided to families, children, and foster homes are confidential pursuant to Ohio Revised Code section 2151.421, and section 5153.17.  Hamilton County Job and Family Services may only release confidential records information as outlined in the **Ohio Administrative Code 5101:2-33-21.** and when required in legal proceedings.

1. **Please complete, sign, date and return the enclosed forms. Your request must include an explanation regarding why the information is needed.**

• HCJFS 4461 - Request for Case Record Information

• HCJFS 4458 - Authorization to Release Information

1. **We require identification that includes a photo and social security number. Please submit 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 provided to you within 30 days. If you have questions, please contact me at 946-     .

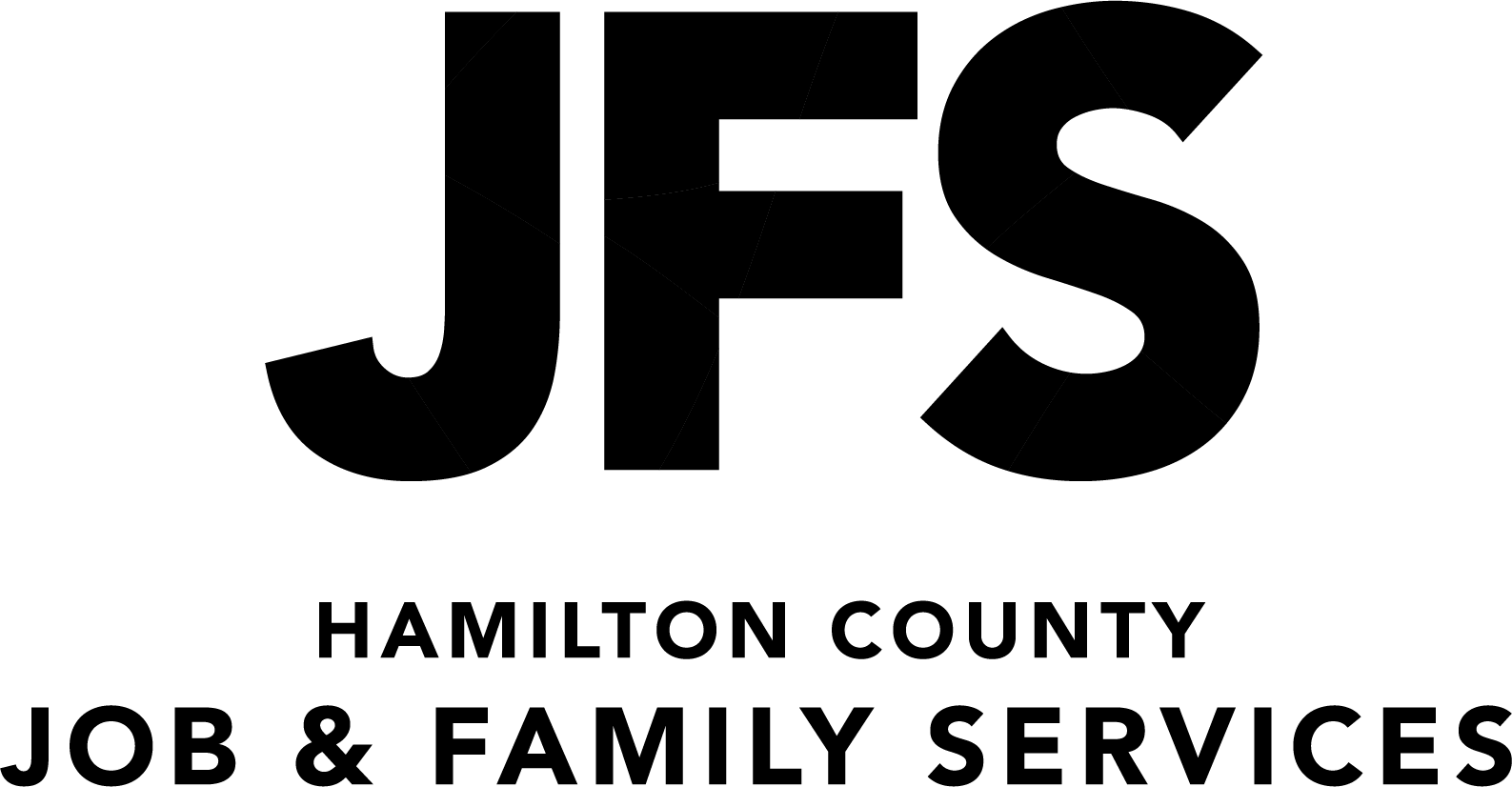
Sincerely,

Records Custodian

Enclosures:

HCJFS 4461 – Request for Case Record Information

HCJFS 4458 – Authorization to Release Information and Waiver of Claims



**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.

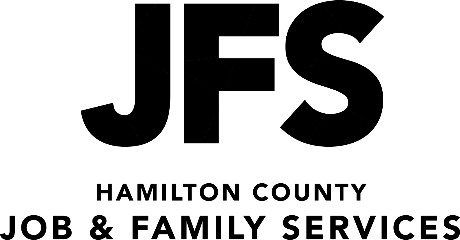
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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

HCJFS 4458 (Rev 01-22)



**Request for Case Record Information**

**Please complete the following:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | | Alias, if any: | | | Date of Birth: |
| Address: | | | | | Contact Information:  Home phone:  Work phone:  Cell phone:  E-Mail: | |
| City: | | State: | | Zip Code: |
| Gender:  Male  Female | Social Security Number: | Race: | | |

**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:**

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**Why I need case record information:**

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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.

HCJFS 4461 (Rev 04/24)