



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

Public Records Request Form

In accordance with the Ohio Revised Code section 149.43, Franklin County Public Health is required to make records available for public inspection within a reasonable time period. The first 100 copies will be provided to you free of cost and then 5 cents a page thereafter. If you have requested over 100 copies and there is a cost please make checks payable to: Franklin County Public Health.

In accordance with HIPPA, no personally medically identifiable information will be released via this records request. Only unidentified personal health or aggregate information will be released.

Requestor Information

Requestor's Name		Date
Requestor's Signature		
Agency (if applicable)		
Address		Telephone Number
City	State	Zip Code
Email Address		

Information Requested

Information Requested (be as specific as possible)		
Dates of Information Requested ____/____/____ to ____/____/____		
Address Related to Information Request		
City	State	Zip Code

For FCPH Staff Use Only

Records Released By				Date
Number of Copies Released	Cost	Receipt Number	Check Number	Cash Yes No
Records Released Via <input type="checkbox"/> Requestor <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email				
Referral to HIPPA Medical Disclosure Release Form? <input type="checkbox"/> Yes <input type="checkbox"/> No				