



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.

**\*Please note:** Save template to your computer and open in Adobe. The template will not save data if it's opened as a web browser.

## Requestor Information

Requestor's Name		Date
Requestor's Signature		
Company or 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				