



Hamilton, West Chester and Harrison

Fax Release Form

I, _____,
(Parent/guardian)

of Fairfield, Hamilton, Harrison and West Chester to fax the requested form, which may contain personal health information (PHI) for my child, _____,

DOB _____ to the following:

Facility and/or individual: _____

Fax Number: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone #: _____ Date: _____

Fairfield Office Fax: 513-874-5731
Hamilton Office Fax: 513-894-8777
Harrison Office Fax: 513-202-1286
West Chester Office Fax: 513-755-7087

Revised 1/2018/ljm