PLEASE RETURN COMPLETED CMH INFORMATION FORM

Client Name (Print) _____ Relationship to Client _____

Client Birthdate _____ Sex ___ Race _____ Primary Language _____Interpreter Services: □ YES □ NO

Address _____Apt/ Lot Number _____

City, State, Zip Code _____Email Address _____

Phone Number (Home) _____ (Cell) _____

Circle Communication Preference(s)*: Email Text Phone Mail

*Please see the back of this form for additional information regarding communication preferences, privacy, security, and the use of electronic communication methods.

Please choose all preferred visit options: □ Telehealth □ Home Visit □ Phone Call □ Office Visit □ Decline

Signature: _____ Date: _____

Provider Information and Dates of Last Appointment/ Next Appointment

CMH Managing Physician _____ Last Appt _____ Next Appt_____
Primary Care _____ Last Appt _____ Next Appt_____
Service Coordination Provider _____ Last Appt _____ Next Appt_____
Dentist _____ Last Appt _____ Next Appt_____
Other Providers _____ Last Appt _____ Next Appt_____
Other Providers _____ Last Appt _____ Next Appt_____

Immunizations up to date? □ YES □ NO
Have you ever received any information about vaccines? □ YES □ NO
Medical/ Fire/ Disaster Plan in place? □ YES □ NO
Individualized Education Plan (IEP) □ YES □ NO
Individualized Service Plan (ISP) □ YES □ NO
Individualized Family Service Plan (IFSP) □ YES □ NO
504 Plan? □ YES □ NO
Comprehensive Service Plan (CSP) □ YES □ NO

List any additional diagnosis

_____

List any allergies

_____

Current treatments, therapies, or medical supplies / equipment

_____

_____

Please refer to the back of this form to complete: **Barriers to Care** and **Medication List**.

List any barriers to care

Medication List

Communication Preference and Privacy Clarification

You may identify your preferred method of communication. Clermont County Public Health will make reasonable efforts to communicate with you using your preferred method whenever possible.

Please be aware that some communication methods, including **text messages and unencrypted email, may not be secure** and could potentially be viewed by someone other than the intended recipient. These methods may be used to communicate information that includes or is related to **Protected Health Information (PHI)** only when permitted and consistent with your communication preferences and applicable privacy requirements.

Protected Health Information (PHI) is information about an individual's physical or mental health, health care services, or payment for health care that is linked or reasonably connected to the individual's identity.

By selecting a communication preference, you acknowledge that you understand the potential privacy risks associated with electronic communication methods that may not be secure. Clermont County Public Health will take reasonable steps to protect your privacy; however, the agency cannot guarantee the security or confidentiality of information transmitted through text messages or unencrypted email.

Although the agency will make every reasonable effort to use your preferred communication method, **alternative communication methods may be used when necessary to provide timely information, follow-up regarding services, or address program or operational needs.**

When applicable, emails sent by Clermont County Public Health will be encrypted to help protect the privacy and security of information being communicated.