

HAMILTON COUNTY MHR SB
ADMISSION, TRANSFER/DISCHARGE NOTIFICATION DOCUMENTATION

As required for all OhioMHAS licensed facilities

In accordance with ORC 5122-30-23(3) Facility Records and 5122-30-27(C) & (D) Transfer and Discharge Rights, please submit the following information for all SPMI/SMI individuals referred to your OhioMHAS licensed facility.

FAX the completed form to HCMHR SB C/O Diane Brooks, Contract Specialist at 513-946-8650

Identifying information for person admitted, transferred/discharged:

First Name _____

Last Name _____

Date of Birth _____

Facility Name _____

Date of Admission _____ - _____ - _____

MM

DD

YYYY

(the HCMHR SB must receive this form within **7 days** of any **ADMISSION**)

Date of Transfer/Discharge _____ - _____ - _____

MM

DD

YYYY

Discharged To: _____

Was the Transfer/Discharge an **Emergency** or **Non-Emergency** (Check One)

Was the Transfer/Discharge Voluntary (**Client requested**) Yes No

If an Emergency, the HCMHR SB must receive notification via this form as soon as possible.

If a Non-Emergency, the HCMHR SB must receive notification via this form within 30 days of transfer/discharge.

This form can be found on the HCMHR SB website at www.hcmhrsb.org

Questions can be directed to Diane at 513-946-8621 or diane@hcmhrsb.org.

If your agency would prefer to submit the information via US Mail, please mail to:

ATTENTION: Diane Brooks, Contract Specialist

HCMHR SB

2350 Auburn Avenue

Cincinnati, Ohio 45219

This requirement is the responsibility of the OhioMHAS licensed facility. Failure to submit documentation of admission, transfer/discharge of persons that reside in your facility may warrant action from the OhioMHAS Licensure/Certification Department.