HAMILTON COUNTY
Mental Health &
Recovery Services Board

HAMILTON COUNTY MHRSB
ADMISSION, TRANSFER/DISCHARGE NOTIFICATION DOCUMENTATION
As required for all ODBH licensed facilities

In accordance with OAC 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 Ohio Department of Behavioral Health (ODBH) licensed facility.

Completed forms can be faxed or emailed to HCMHRSB Contract Analyst at 513-946-8650 or Contracts@hcmhrsb.org

Identifying information for person admitted, transferred/discharged:

First Name_____

Last Name _____

Date of Birth _____

Facility Name _____

Date of Admission _____ - _____ - _____

MM **DD** **YYYY**

(the HCMHRSB 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 HCMHRSB must receive notification via this form **as soon as possible.**

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

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

Questions can be directed to the Contract Analyst at 513-946-8621 or Contracts@hcmhrsb.org

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

ATTN: Contract Analyst
HCMHRSB
2350 Auburn Avenue
Cincinnati, Ohio 45219

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