



Request to Remove Identifying Information from Ohio Connections for Children with Special Needs

Ohio Revised Code 3705.30 requires physicians, hospitals and freestanding birthing centers to report children under the age of five years with specific disorders to the Ohio Department of Health, Ohio Connections for Children with Special Needs (OCCSN).

**This information is used to inform parents/guardians about available services that may be helpful to them.
All information collected for this program is confidential and shared only for referrals to programs and services.**

Parents/guardians may request to have identifying information about their child removed from the system by filling out the form below and requesting a local health department or child's physician send it to the Ohio Department of Health. If you have questions about the program, please contact the Ohio Department of Health at 614-728-2427.

I request that personally identifying information about my child be removed from the OCCSN system.

First, middle, last	Date of birth
Hospital where child was born (Full name of hospital and address)	
City where child was born	
Mother's maiden name	Mother's date of birth

I understand that by requesting the removal of personally identifiable information from the OCCSN system:

- I may not receive information about services my child may be eligible for;
- The Ohio Department of Health will remove personally identifiable information from **only** the OCCSN system reported as of the date this request is received;

Print parent/Guardian name	
Parent/Guardian signature	Date

Local health department and physicians should submit the original signed form to:

Ohio Department of Health
Ohio Connections for Children with Special Needs
246 N. High St.
Columbus, OH 43215