


ALLEN COUNTY
PUBLIC HEALTH

www.allencountypublichealth.org
Allen County Combined Health District

Permission to discuss CMH case with another adult

I, _____, give my permission for CMH (Children with Medical Handicaps) to discuss my case with my _____
_____.

Signed _____

Date _____

Please mail this back to us in the (B)CMH program at the address below.

Thank you,

*Lou Ann Adams, RN
Public Health Nurse
CMH program*



Public Health
Prevent. Promote. Protect.

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