

Consent to Disclose Confidential Information or Release of Records

I, _____, authorize and give my consent to the Office of the Long-Term Care Ombudsman Program Representative (Office) to assist me in resolving concerns related to my stay in this long-term care facility or with the provision of long-term care services in the community setting. I understand that this information will remain confidential and that I may withdraw this consent, in writing, at any time.

☐ I agree to the following plan of action created with the assistance of the ombudsman:

Consent to View Medical/Financial/Social Records

☐ YES, I give my permission for the Office to view the following records during the handling of my complaint(s) as needed.

- ☐ Care plans
- ☐ Power of attorney
- ☐ Admission agreement
- ☐ Medical records (specify)

☐ Financial records (specify)

☐ Other (specify)

☐ NO, I DO NOT give my permission for the Office to view my records during the handling of my complaint(s).

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Justification for Additional Involvement

☐ YES, I give my permission for the Office to discuss the complaint(s) with the following individuals or organizations necessary for resolution (check all that apply):

☐ Regulatory and licensure agencies

☐ Facility staff (specify titles):

☐ Protective Services

☐ PA Legislative Staff

☐ Disability Rights PA

☐ Other (specify):

☐ NO, I DO NOT give permission for my identifying information to be disclosed during the handling of my complaint(s).

Signature Section

The resident or the resident representative communicates informed consent to the disclosure and the consent is given in writing or through the use of auxiliary aids and services; or, the resident or resident representative communicates informed consent orally, visually, or through the use of auxiliary aids and services and such consent is documented contemporaneously by a representative of the Office in accordance with such procedures.

Resident or Legal Representative Signature: _____ Date: _____

Program Representative _____ Date: _____

Written consent was not obtained due to the following reason:

☐ Oral consent

☐ Auxiliary/visual consent (specify)