

Confidentiality Statement

Office of the Long-Term Care Ombudsman

Consumer direction is at the heart of the Pennsylvania Ombudsman Program.

As ombudsmen, we are bound by law to protect the privacy of those we serve.

Ombudsmen work with residents has revealed that there is a significant fear of retaliation experienced by most long-term care consumers. Residents are very sensitive to their dependence on facility staff for basic care and they fear that bringing forth complaints may have a negative consequence.

In order to be trusted and effective advocates, ombudsmen must be very cautious not to compromise the resident's right to confidentiality. Sharing resident-specific information without authorization of the consumer jeopardizes the resident's ability to feel comfortable in their home and threatens our credibility.

As a representative of the Pennsylvania Ombudsman Program, you will receive specific and detailed training on confidentiality and disclosure of resident information. For purposes of this document, suffice it to say that disclosure of resident-specific information – without express consent of the consumer – is strictly prohibited. Even when residents sign consent for ombudsmen to act on their behalf, residents may choose to not have their identity revealed to the facility. Ombudsmen and the ombudsman representatives work at the direction of the consumer and must obtain consumer consent for any action taken on their behalf.

Similarly, in your work with our program, you will be privy to information share by the PA Department of Health and the PA Department of Human Services. This information is shared in order to assist the regulators as they prepare for facility survey (inspection). ANY information shared with you regarding pending facility surveys is strictly confidential and may not be shared with anyone other than another ombudsman and representatives of the regulatory offices.

The Pennsylvania Ombudsman Program requires all its representatives to sign this confidentiality statement. Violation of confidentiality is clear grounds for de-certification of any ombudsman in the program. By signing here, you are acknowledging that you have been informed of this policy and you agree to adhere to the confidentiality standards of this program.

Signature

Date

Ombudsman Coordinator/Supervisor

Date