

ODIN Case # \_\_\_\_\_

**CONSENT TO ACCESS AND DISCLOSE CONFIDENTIAL INFORMATION**

Resident's Name: \_\_\_\_\_ Place of Residence: \_\_\_\_\_

I authorize representatives of the \_\_\_\_\_ Long-Term Care Ombudsman Program (LTCOP) to advocate for me in the resolution of my complaint(s) and:

1. Access and make copies of my medical, social, and financial records to assist in the resolution of my complaints *except* as stated below.

Yes  No  N/A

Exception(s):

2. Take and disclose photographs of me or my circumstances to assist in the resolution of my complaints.

Yes  No  N/A

3. Access financial institution records listed below, as authorized by Government Code section 7480(b)-(e).

Yes  No  N/A

Name of Institution(s) and Targeted Account(s):

4. Disclose information in my file, including my identity, to long-term care facility staff, licensing and law enforcement agencies, or other organizations that may be of assistance in the resolution of my complaints *except* as stated below.

Yes  No  N/A

Exception(s):

**This authorization is effective immediately and will remain in effect until my complaints are resolved. I understand that this document is required as part of the record of my complaint investigation, and that I have a right to a free copy of this signed authorization form.**

Signature of  Resident or  Resident Representative

Print Name of  Resident or  Resident Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Ombudsman Representative Obtaining Consent

**AUTHORIZATION BY RESIDENT'S ORAL CONSENT**

**I understand the terms of this authorization but I am unable to provide my signature.** I have given my oral consent to the items noted above, and my consent has been documented by a representative of the Long-Term Care Ombudsman Program and a third-party witness.

\_\_\_\_\_  
Signature of LTCOP Representative

\_\_\_\_\_  
Signature of Third-Party Witness if Accessing Records

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Copy of consent provided to:**  Resident  Resident Representative  Not requested

**Instructions to the Ombudsman Representative Completing this Form:**

**Use this form to document consent from a resident or resident's representative to access and disclose confidential resident information that would assist you in the resolution of a complaint. Do not use this form to authorize the release of confidential information to any organization, attorney or others in a civil matter. Use OSLTCO S202 for that purpose.**

**You must obtain verbal resident consent to investigate prior to the start of a complaint investigation and document consent in the case record. You must obtain signed consent, using this form, before accessing resident records or disclosing resident information to others. You must include documentation of all consent in the case/complaint record retained by the local Ombudsman Program. [42 U.S.C. § 3058g (b)(1)(B)(i)(I); 45 C.F.R. § 1327.19(b); Welf. & Inst. Code § 9724]**

**Where a resident can communicate informed consent but is unable to provide written consent to access resident records or disclose resident information, you may obtain oral consent from the resident. If oral consent includes access to medical and personal records contained in the facility, have a third party sign this form as a witness. [Welf. & Inst. Code § 9724(b)] The third-party witness may be a family member, another resident with capacity, or another Ombudsman representative.**

**If the resident is unable to communicate informed consent, seek consent from a resident representative: 1) a court-appointed guardian or conservator [Prob. Code § 1800 et seq.], 2) the resident's designated agent through an advance health care directive or power of attorney for health care [Prob. Code § 4670 et seq.], 3) the resident's next of kin [Cobbs v. Grant (1972) 8 Cal.3d 299 and other case law].**

**Please note that Ombudsman access is limited to information pertinent to the particular complaint. If there are records that the resident does not wish you to access, list those records in the "exceptions" space below the authorization statement.**

**If any of the items 1-4 on this form are not applicable to a complaint, check the N/A box for that item.**

**If the resident does not want his or her identity disclosed to particular organizations or persons, list those organizations or persons in the "exceptions" space below the disclosure authorization statement. [42 U.S.C. § 3058g (d), Welf. & Inst. Code § 9725]**

**Under Government Code section 7480, certified Ombudsman representatives may access financial institution (bank, credit union, savings association) information when investigating financial abuse. The financial institution is to disclose whether the resident has any accounts at the institution and any identifying numbers of those accounts. [Gov. Code § 7480 (e)] When a police department, sheriff's department or district attorney provides written certification to the financial institution that a crime report has been filed alleging the fraudulent use of a resident's accounts, the bank or financial institution must provide information related to specific accounts at the request of the Ombudsman representative. [Gov. Code §§ 7480 (b)-(d)]**

**The U.S. Department of Health and Human Services has determined that the State Long-Term Care Ombudsman and designated Ombudsman entities and representatives are "health oversight agencies" for the purposes of the HIPAA Privacy Rule. (45 C.F.R. § 164.501) This means that for HIPAA purposes, certified Ombudsman representatives have the same right to access residents' health records and other appropriate information as any other health oversight agency, including licensing agencies. Nursing homes and other HIPAA-covered entities may share protected health information with certified Ombudsman representatives without violating the Privacy Rule. [45 C.F.R. § 1327.11(e)(2)(vii); AoA-IM-03-01]**