LONG-TERM CARE OMBUDSMAN PROGRAM
REQUEST FOR STATE OMBUDSMAN OR PROGRAM COORDINATOR AUTHORIZATION TO DISCLOSE INFORMATION FOR A RESIDENT WITH NO REPRESENTATIVE

	ODIN CASE #
PROGRAM NAME:	PSA #
OMBUDSMAN REPRESENTATIVE:	
REQUEST FOR AUTHORIZATION FROM ☐ State Ombudsman ☐ LTCOP Coordinator	DATE OF REQUEST:

A. Resident Information

NAME:	PHONE:
FACILITY NAME:	
FACILITY ADDRESS:	

B. Complaint *(Provide details of the circumstances – who, what, when, where, why, and how. Include Information to be disclosed and the purpose of the disclosure.)*

C. Name(s) of Individual and /or Agency to whom Information will be Disclosed

D. Reason for State Ombudsman or Program Coordinator Authorization (*Check as each of the five elements is completed.)*

Ombudsman representative:

☐ Has determined that the resident is unable to provide informed consent ***(Check one below.)***
- ☐ a) Through direct observation
- ☐ b) Information provided by medical personnel not associated with a LTC facility

☐ Has determined that the resident has no designated representative or there are multiple family members of the same level of kinship with no designated representative ***(Check all that apply.)***
- ☐ a) No legal documents maintained by the facility or alleged resident representative
- ☐ b) No family members per facility/hospital staff
- ☐ c) Multiple family members of the same level of kinship identified with no designated representative

☐ Has reasonable cause to believe that an action, inaction, or decision may adversely affect the health, safety, welfare, or rights of the resident as detailed in Section B – Complaint; *and*

☐ Has no evidence indicating that the resident would not wish the disclosure to be made; *and*

☐ Has reasonable cause to believe that it is in the best interest of the resident to make the disclosure.

E. The purpose of the OSLTCO S204 is twofold. Submission instructions:

1. Upload completed OSLTCO S204 to ODIN as an attachment to the Case record.

2. **If requesting State Ombudsman authorization**, email stateomb@AGING.CA.GOV that you are submitting an OSLTCO S204 and provide the ODIN Case number as a reference. The State Ombudsman or his delegate will review the request and respond within two business days.

3. **If the Program Coordinator grants the authorization**, he or she must promptly notify the State Ombudsman of the disclosure. The Ombudsman Coordinator shall email stateomb@AGING.CA.GOV that he or she has granted the authorization and provide the ODIN Case number as a reference.

F. State Ombudsman or Program Coordinator Authorization

☐ Yes
☐ No
☐ Comments

Joseph Rodrigues, State Ombudsman   Date

OR

Program Coordinator Name   Signature

Date signed   Date State Ombudsman notified

FOR OSLTCO USE ONLY

Date email received from local LTCOP		Initials of OSLTCO Staff person who received email	
Date email response sent to local LTCOP		Initials of OSLTCO Staff person sending response to local LTCOP	