



Office of the State Long Term Care Ombudsman

NYS Long-Term Care Ombudsman Program

PERMISSION TO ACT ON BEHALF OF THE RESIDENT

I give the Ombudsman Program permission to work to resolve my complaint, to review my records if needed, and to reveal my identity and/or information in order to help resolve my complaint. I understand that the Ombudsman will talk with me before revealing my identity and/or information to anyone outside of the Ombudsman Program.

Signature of resident or resident's legal representative

Date

Contemporaneous Signature by Ombudsman

I have been given permission by, _____, to work to resolve his/her complaint, to review his/her records if needed, and to reveal his/her identity and/or information in order to help resolve his/her complaint.

Ombudsman

Date