

Long-Term Care Ombudsman Program  
**Consent to Release Records to the Certified Ombudsman**

I give permission to the Long-Term Care Ombudsman Program (LTCOP) to access my records from the following facility: \_\_\_\_\_

Records:

Medical

Financial

Incident

Other

I give this consent to the LTCOP to respond to my request(s) and my consent continues until

\_\_\_\_\_. I may revoke this consent at any time, but revocation will not  
(Date or Description of Situation)

affect any information already disclosed.

I understand that disclosed records are protected under confidentiality laws that apply to the LTCOP and may be released only by my request or by court order. A copy of this form may be provided to the facility for its records. If I authorize release of my health information to other parties, it may no longer be protected by privacy regulations.

\_\_\_\_\_  
Printed Name – Resident or Legally Authorized Representative

\_\_\_\_\_  
Signature – Resident or Legally Authorized Representative

\_\_\_\_\_  
Date

If I am not the subject of the records, I have authority to sign because I am the:

Legal guardian

Power of attorney

Other: \_\_\_\_\_

**Ombudsman Section**

I have verified the legally authorized representative's authority.

\_\_\_\_\_  
Printed Name – Certified Ombudsman

\_\_\_\_\_  
Local LTCOP

**Relevant Law and State Regulations**

Federal Law – 42 USC 1396(c)(3)(E)

Nursing homes and assisted living facilities must allow certified ombudsmen access to residents, resident information and records according to state regulations.

- *Nursing Facility Requirements for Licensure and Medicaid Certification*  
40 TAC §19.413 Access and Visitation Rights
- *Licensing Standards for Assisted Living Facilities*  
40 TAC §92.801 Access to Residents and Records by the Long-Term Care Ombudsman Program