



State of Minnesota  
**Office of Ombudsman for Long-Term Care – Minnesota Board on Aging**

PO Box 64971 ▪ Saint Paul, Minnesota 55164-0971

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TTY/Voice – Minnesota Relay Service 711

**Client Consent and Authorization Form**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I give consent to:

\_\_\_\_\_ and the Office of Ombudsman for Long-Term Care to disclose my identity and authorize the entities checked below to discuss confidential information and to release confidential records to the Ombudsman Office about:

- Long-Term Care Provider: \_\_\_\_\_
- Home Care Provider: \_\_\_\_\_
- Housing Provider: \_\_\_\_\_
- Health Care Provider: \_\_\_\_\_
- MN Department of Health       MN Department of Human Services       County Human/Social Services
- My Guardian or Conservator       Family Members: \_\_\_\_\_
- Other \_\_\_\_\_

**The Authorization to Release Records applies to:**

My records checked below:

- Health Care       Financial       Housing       Legal
- Other:

**This consent automatically expires when the activities I have authorized the Ombudsman to conduct are completed or one (1) year from date of my signature, whichever is sooner.**

I understand that:

I may revoke my consent at any time by informing the Ombudsman working with me. I understand that this revocation does not apply to information already disclosed by the Office of Ombudsman for Long-Term Care.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Representative Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If applicable)

## **YOUR PRIVACY RIGHTS**

The Office of Ombudsman for Long-Term Care operates under a federal law that requires strict client confidentiality. This document explains your privacy rights under this law and other state and federal privacy laws. These laws protect your privacy and limit how we may use the information we gather about you. It applies to all future contacts you have with this office. Those contacts may be in person, by US mail, fax, e-mail or telephone.

### **WHY DO WE ASK FOR INFORMATION?**

#### ***We may ask you for information so we can:***

- Tell you from other persons by the same or similar name.
- Help you resolve your problem or complaint.
- Make reports, do research, audit and evaluate our program.

#### ***Do you have to answer the questions we ask?***

No, the law does not require you to give us information.

#### ***What will happen if you do not answer the questions?***

We need information about you in order to assist you. Without certain information we may not be able to help you.

#### ***May we give information about you to others?***

All information you give us is kept confidential. This means that we will not give your information to anyone, other than Ombudsman Office personnel, without your consent, your legal representative's consent, or by court order.

#### ***You have the right to information we have about you.***

- You may ask if we have information about you.
- If we have information about you, you may ask for copies.
- If the information is unclear, you may ask to have it explained to you.
- You have the right to receive a record of the parties with whom we have shared your health information. We must keep a record of each time we share this information. If you want a copy of this record, you must send a request in writing to the Ombudsman Office.

***If you have questions about Your Privacy Rights, ask your  
Regional Ombudsman or Ombudsman Volunteer***

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