

## VI.

# VOLUNTEER ACKNOWLEDGEMENT FORM

**NOTE: This document is intended to be reviewed with the trainee following a discussion of the program's policies and procedures as part of the orientation process.**

## I. CONFIDENTIALITY

I understand that the Long-Term Care Ombudsman Program provides resident-centered advocacy and has specific and strict federal provisions regarding confidentiality and disclosure of information.<sup>1</sup> These requirements mean that the information shared with or gathered by the program, including the identification of the resident or complainant, is confidential unless consent is obtained as described in the Older Americans Act and Long-Term Care Ombudsman Program (LTCOP) Final Rule. I understand that as a representative of the Office of the State Ombudsman, I will become aware of information regarding residents, complaints, facilities, staff, and program activities related to cases, that must remain confidential. I agree to follow program policies and procedures regarding confidentiality and disclosure.

## II. CONFLICT OF INTEREST

After completing the Ombudsman Program Representative Conflict of Interest Form and at the time of this application, I have disclosed all potential conflicts of interest and agree to inform the program if a new conflict of interest should develop.

## III. PROGRAM POLICIES AND PROCEDURES

I agree to adhere to the \_\_\_\_\_ program policies and procedures and Code of Ethics as were reviewed and discussed with me.

By signing this acknowledgement form, I am affirming that I read, understand, and agree to adhere to these requirements.

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

<sup>1</sup> Older Americans Act of 1965. Section 712 (a)(3)(A)