EXHIBIT 5-E

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF AGING
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION AND/OR TESTIFY AT A DEPOSITION, COURT HEARING OR TRIAL

I authorize representative(s) of the _____
Name of Long-Term Care Ombudsman Program

to disclose confidential information contained in _____
Name of Long-Term Care Resident

Long-Term Care Ombudsman Program record(s) either by providing copies of the records or by testifying at a deposition, court hearing or trial.

Information disclosed may include the resident's identity, the identity of the legal representative (if applicable), written and electronic records, and/or other investigative documentation held by the Long-Term Care Ombudsman Program.

This authorization is effective immediately and will remain in effect until the legal proceedings have ended.

_____
Signature of Resident or Legal Representative

_____
Print Name of Resident or Legal Representative (if applicable)

_____
Date

Basis for Legal Representative's Authority (if applicable):

- ☐ *Court appointed guardian or conservator*
- ☐ *Designated agent through AHCD or POA*
- ☐ *Executor or Court-Appointed Personal Representative*
- ☐ *Next of kin*