Illinois Long-Term Care
OMBUDSMAN PROGRAM

Authorization for Release of Ombudsman Records

Resident/Participant Information

Name:	Phone:	Email:
Date of Birth: _____/_____/_____ MM DD YYYY	Illinois County of Residence:	
Address:		
City:	State:	Zip:

Requestor Contact Information *If you are not the Resident/Participant, attach the appropriate legal documentation assigning you as the Resident/Participant's Legal Representative.*

Name:	Phone:	Email:
Address *(if different from Resident/ Participant above):*		
Relationship to Resident/Participant: ☐ Self ☐ Power of Attorney ☐ Guardian ☐ Other (explain):		

Information Requested: List the information you are requesting (e.g. specific type of information, specific time frames, specific provider, etc.)

Purpose of Authorization: List why you are authorizing the release of this information (e.g.: proof of services, possible litigation, etc.)

Send the Ombudsman Records to:

☐ Resident/Participant (at address above)	☐ Requestor (at address above)	☐ Name and Address of Person, Organization or Agency:
Send as:	☐ Via Secure Email to: ☐ Paper Documents via USPS	

Release Authorization: I, the Resident/Participant, the Legal Representative or Ombudsman representative listed above, authorize the Illinois State Long-Term Care Ombudsman Program (SLTCOP) to release the requested information to the individual or entity listed for the purposes described. I understand that this authorization expires one year from the Date of Authorization and that I may revoke this authorization at any time by sending a written notification to SLTCOP at an address listed below. If I revoke the Authorization, it will not affect any information released before the revocation was received by SLTCOP. I also understand that the person receiving this information may disclose the information which may affect my protection under federal or state law.

Printed Name _____ Signature _____ Date of Authorization _____

Send this form and the required Legal Representative supporting documentation to the State Long-Term Care Ombudsman Program (SLTCOP)
One Natural Resources Way, Springfield, IL, 62702-1271 or email to: Aging.SLTCOProgram@illinois.gov