AAA-1054A FORNA (7-09)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services
Long Term Care Ombudsman Program

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND REPRESENTATION

NAME OF INDIVIDUAL OR COMPANY	TELEPHONE NO.
TO:	
ADDRESS *(No., Street, City, State, ZIP)*	

I, _____ authorize the release of any Confidential information you may possess regarding my medical, social, and/or financial affairs, to the representative of the Arizona Long Term Care Ombudsman Program of the Arizona Department of Economic Security, Division of Aging and Adult Services, and _____. I further authorize _____, or any representative of the Long Term Care Ombudsman Program to represent me regarding _____.

I understand that this information will not be further disclosed by the Ombudsman Program except as provided by law or court order.

SIGNATURE	DATE

For Verbal Consent Only

WITNESS' SIGNATURE	DATE

Equal Opportunity Employer/Program ◆ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4446; TTY/TDD Services: 7-1-1.