

**THE HOUSE OF THE GOOD SHEPHERD  
OMBUDSMAN DISCLOSURE CONSENT FORM**

**RESIDENT NAME:** \_\_\_\_\_ **Resident #** \_\_\_\_\_

The Governor of New Jersey has appointed an official, known as the Ombudsman for the Institutionalized Elderly, to investigate complaints of abuse or exploitation of persons over the age of 60, residing in licensed facilities offering health or health-related services for the elderly within the State.

In the event of an investigation by the Ombudsman relating to my care, I hereby authorize the Ombudsman to release the results of such an investigation to the following person(s):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The Ombudsman shall not be required to disclose the results of any investigation to any person other than me, a guardian appointed for me by a Court, or the person(s) named on this consent form.

Signed: \_\_\_\_\_  
Resident or Guardian

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**NOTE: THIS FORM IS TO BE COMPLETED ONLY BY THE RESIDENT OR A JUDICIALLY – APPOINTED GUARDIAN OF THE RESIDENT. NEITHER A “RESPONSIBLE” PARTY NOR A HOLDER OF THE RESIDENT’S FINANCIAL OR HEALTH CARE POWER OF ATTORNEY HAS THE LEGAL AUTHORITY TO COMPLETE THIS FORM.**

**Administrative Note:**

\_\_\_\_\_ Resident is unable to sign or is not competent and there is no court appointed guardian.

Signed: \_\_\_\_\_  
Admissions Staff

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_