



Behavioral Health Ombuds for Pierce County

6315 South 19th Street, Tacoma, WA 98466
 Phone: 253.302.5311 Toll Free: 800.531.0508 Fax: 253.565.5578

Authorization for Representation

I, _____, give Ombuds Specialist permission
 (Legal Name)

to act on my behalf in resolving my grievance. The Ombuds service advocates and supports individuals through the grievance, appeal, and/or administrative hearing processes. The individual requesting Ombuds services must be someone who is receiving Behavioral Health services, receiving Medicaid and/or seeking services from a Behavioral Health agency that receives public funds from the State of Washington. The Ombuds, with the individual's authorization, may represent the individual in the grievance process.

In fulfilling their responsibilities, the Ombuds may:

- Listen to the person with the problem
- Explore facts, information, policies, procedures, and laws relating to the problem
- Work collaboratively with individual and providers to resolve the problem by informal means if possible.
- Talk to or communicate with providers or other persons involved in the complaint except if the individual does not want them to.
- Assist in the grievance process and follow through until resolved.
- Recommend changes to correct a problem or to prevent future occurrences

Consumer comments:

Consumer Name	Consumer Signature	Date
Ombuds Name	Ombuds Signature	Date

If the consumer is under 13 years of age, or is an adult with a court appointed guardian, the consumer's parent or guardian must sign this release.

Parent or Guardian Name	Parent or Guardian Signature	Date
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