

# North Sound Behavioral Health Ombuds

Serving Island, San Juan, Skagit, Snohomish & Whatcom Counties  
330 Pacific Place Mount Vernon, WA 98273  
360-416-7004 Toll Free: 1-888-336-6164 Fax 360-416-7550  
Form Updated: 1-1-2020



## Authorization for Assistance

I, \_\_\_\_\_, give North Sound Behavioral Health Ombuds permission to assist in resolving my complaint, grievance, appeal, and or fair (administrative) hearing process. 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.

In fulfilling their responsibilities, I authorize the Ombuds to:

- ✓ 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 person involved in the complaint except if the individual does not want them to
- ✓ Assist in the complaint and/or grievance process and follow through until resolved
- ✓ Make suggestions to correct a problem or to prevent future occurrences

This authorization will be in effect until I revoke it, or it is legally terminated. I understand that I may revoke this authorization in writing at any time. This authorization will remain in effect even if I become incapacitated.

I have been provided with additional rights to the privacy and confidentiality of my health care information contained in North Sound Behavioral Health Ombuds' Notice of Privacy Practices.

Additional Comments:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Ombuds Name

\_\_\_\_\_  
Ombuds Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date