

# 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 Representation

I, \_\_\_\_\_, give \_\_\_\_\_

(Print Legal Name)

(Print Representative's Legal Name and Relation)

Permission to act on my behalf with North Sound Behavioral Health Ombuds in resolving my complaint, grievance, appeal, and/or administrative hearing process with:

\_\_\_\_\_

(Agency / Organization)

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.

Individual comments:


\_\_\_\_\_  
Print Individual's Name

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Representative's Name

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

