



Date: _____
Case name: _____
Case number: _____
County number: _____
Supervisor/worker number: __ / __

## Consent for Release of Information and Appointment of Representative

### I. Consent agreement.

I, \_\_\_\_\_ Check any that apply:

resident  client  health care proxy  parent   
 guardian  personal representative  legal custodian

living at:

Street address	City	State	Zip code
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request(s) that OKDHS release all pertinent information necessary to assist in processing the nursing home care application completed on \_\_\_\_\_ concerning:

Name of client/resident		
Date of birth	Social Security number	Phone number

to:

Name of facility and/or facility representative
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I understand that this consent allows OKDHS staff to communicate in person, by telephone, or in writing with the above named facility regarding my application.

I understand that the records requested are protected under Federal and State confidentiality laws and regulations and cannot be released without my consent unless otherwise provided for by regulation. State and federal laws and regulations prohibit any further disclosure of such records by:

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without my specific written consent or except as otherwise permitted by such regulations. I also understand that this consent may be revoked in writing to OKDHS at any time unless action has already been taken based upon it. This consent expires upon approval or denial of the nursing home care application.

This release of information has been explained to me and consent has been given of my own free will.

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Signature of resident or resident representative authorizing release

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Date

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Signature of facility representative

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Date

## II. Appointment of representative

At this time, I also appoint:

Name of facility and/or facility representative

to be the authorized representative for:

Name of client/resident

to assist in completing and processing his/her or my nursing home care application and/or review. I understand that while the above named appointee is my authorized representative, I am still responsible for providing complete and accurate information to OKDHS regarding my nursing home care application.

I understand that \_\_\_\_\_ will **NOT** charge me any fee for this service.

This appointment of representation form has been explained to me and consent given of my own free will. This authorization will continue unless revoked in writing by the client or facility representative.

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Signature of resident or resident representative authorizing release

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Date

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Signature of facility representative

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Date

## III. Withdrawal of consent

I wish to withdraw my consent for OKDHS staff to communicate in person, by telephone, or in writing with the facility named below regarding my application.

\_\_\_\_\_

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Signature of resident or resident representative withdrawing release

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Date

## Purpose of form

Part I of Form 08MA013E is used by the nursing facility to secure the permission of the client, the client's spouse, guardian or other responsible party to allow OKDHS to release all information necessary for the nursing facility to assist the client in processing the nursing home care application. The nursing facility representative who asks the client or other responsible party to sign this form must advise the client or person signing the form that:

- he or she is not required to sign this form in order to be approved for help in paying nursing facility costs;
- this form cannot be used to give permission to disclose information concerning the client's medical condition;
- the permission granted by this form is understood to cover only the period of time that the nursing home care application is pending;
- once the application is approved or denied, permission must be obtained again to release other information; and
- the client or person signing the form may revoke the consent in writing at any time unless action has already been taken based upon the consent.

Part II of Form 08MA013E is used by the nursing facility to secure the permission of the client or other responsible person to be appointed as the client's authorized representative. The client must sign this part of the form unless he or she is unable to complete or understand the application process. In addition to advising the client of the information shown in Part I, the nursing facility representative must also:

- advise the client OKDHS will only release information regarding the application or review to the client or his or her authorized representative;
- review the information on the application or review form, including the client's rights and responsibilities, with the client for accuracy and understanding;
- advise the client once the nursing facility is appointed as the authorized representative, this designation will continue until either the nursing facility or the client revokes this appointment in writing to OKDHS; and
- notify OKDHS of any change in the client's address.

When only the first part of this form is signed by the client, OKDHS staff may communicate with the nursing facility representative and/or the responsible person who completed the application for the client. When Part II is completed, OKDHS staff must communicate only with the client or the authorized representative.

Part III of Form 08MA013E is used by the client, the client's spouse, guardian or other responsible party to withdraw permission for OKDHS staff to release any information to the nursing facility to help process the nursing home care application.

## Routing

To give consent or appoint an authorized representative, the facility representative sends the original to the local OKDHS human services center (HSC) and gives a copy to the person or persons who sign the form. OKDHS staff retains the form or an imaged copy of the form in the case record.

If withdrawing consent, the client, the client's spouse, guardian or other responsible party sends the original to the local OKDHS HSC. OKDHS staff sends the original to the nursing facility and retains the form or an imaged copy of the form in the case record.