

THE KENTUCKY LONG-TERM CARE OMBUDSMAN PROGRAM

NOTIFICATION OF CONFIDENTIALITY REQUIREMENTS

The undersigned, an employee/volunteer of the Kentucky Long-Term Care Ombudsman Program, hereby certifies that I have been informed that:

- (1) The annual inspections or surveys of long-term care facilities are to be unannounced and that knowledge of any such inspections or surveys is to be kept strictly confidential within the long-term care ombudsman program.
- (2) Any files, records, notes, etc. maintained by the Kentucky Long-Term Care Ombudsman Program including, but not limited to, information or copies properly obtained from long-term care residents' medical and/or social records, may be disclosed only at the discretion of the State Long-Term Care Ombudsman or the person designated by the said Ombudsman to disclose such files, records, etc.
- (3) The identity of any complainant or long-term care resident shall not be disclosed unless:
 - a. The complainant or resident, or legal representative of the complainant or resident, gives written consent to the disclosure; or
 - b. The complainant or resident gives consent to the disclosure orally, with the said consent being documented contemporaneously in writing; or
 - c. The disclosure is required by the order of a court.

Signature

Date

Witness

Employee/Volunteer Name (Printed)