

## **Behavioral Health Ombuds for Pierce County**

6315 South19th Street, Tacoma, WA 98466

Phone: 253.302.5311 Toll Free: 800.531.0508 Fax: 253.565.5578

## **Authorization for Representation**

[,	, give Ombuds Spe	ecialist permission
and supports individuals the hearing processes. The indiv someone who is receiving Be and/or seeking services from funds from the State of Wasl	ing my grievance. The Ombuds sough the grievance, appeal, and ridual requesting Ombuds services havioral Health services, receiving a Behavioral Health agency that hington. The Ombuds, with the integrievance process.	or administrative es must be ng Medicaid t receives public ndividual's
In fulfilling their responsibili	ties, the Ombuds may:	
<ul> <li>problem</li> <li>Work collaboratively we by informal means if p</li> <li>Talk to or communicate complaint except if the</li> <li>Assist in the grievance</li> </ul>	tion, policies, procedures, and la	esolve the problem s involved in the to. il resolved
Consumer Name	Consumer Signature	Date
Ombuds Name f the consumer is under 13 years of age or guardian must sign this release.	Ombuds Signature , or is an adult with a court appointed guardian	Date n, the consumer's parent
Parent or Guardian Name	Parent or Guardian Signature	Date