



**Office of the State
Long Term Care
Ombudsman**

LTCO Program Confidentiality and Conflict of Interest Agreement

I, _____, understand that as a non-certified volunteer with the LTCO Program, I may at times become aware of written or spoken information that must remain confidential. I agree to keep any information about LTCO Program Cases, complaints, residents, facilities and staff confidential and to not discuss such information outside of the LTCO office. I will not express an opinion about the quality of specific long term care facilities to the public, family or friends.

I, _____, acknowledge that I have reviewed the LTCO Program’s Conflict of Interest regulations per the Older Americans Act and have disclosed all potential conflicts of interest to the LTCO Program. I understand that these conflicts pertain not only to myself, but also my immediate family.

Potential conflicts of interest include, but are not limited to:

- Having a financial interest in, employment in, business association or business dealings with a long term care facility(ies) monitored by the LTCO Program;
- Having a family member in a long term care facility monitored by the LTCO program;
- Having direct involvement in the licensing or certification of a long term care facility monitored by the LTCO Program; or
- Providing long term care services, including the provision of personnel for long term care facilities, or the operation of programs which control access to or services for long term care facilities.

I agree to immediately disclose to the LTCO Program any potential conflicts of interest that arise after the date of this document.

By placing my signature on this document, I agree to abide by the Confidentiality Agreement and Conflict of Interest Disclosure policy.

Volunteer’s Signature

Date

Coordinator’s Signature

Date