OFCR Consent - Jeanette Keller

COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please read and review the documents entitled, Notice to Complainants and Other individuals Asked to Supply Information to the Office for Civil Rights, and Protecting Personal Information in Complaint Investigations for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.
- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

After reading the above information, please check ONLY ONE of the following boxes:

☐ **CONSENT**: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

☐ **CONSENT DENIED**: I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature:

Date:

*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

Name (Please print):

Address:

Telephone Number:

verified by approveme

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS

AUTHORIZATION FOR THE OFFICE FOR CIVIL RIGHTS TO REVEAL A COMPLAINANT'S OR OTHER INDIVIDUAL'S IDENTITY OR IDENTIFYING INFORMATION

I have received and understand the Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights (OCR).

I understand that, it may become necessary for OCR, in the course of its responsibilities as a Federal civil rights agency, to reveal my identity or identifying information about me to persons at the institution under investigation or to other persons or institutions.

I am also aware of the obligations of OCR under the Privacy Act and Freedom of Information Act, which also may require OCR to reveal my identity and identifying information about me.

In addition, I understand that the Department of Health and Human Services' (HHS) regulations prohibit any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or nenforcement process.

Please check one of the following blocks and sign below:

☐ **CONSENT** - I have read and I understand the above and authorize OCR to reveal my identity and identifying information about me.
☐ **CONSENT DENIED** - I have read and I understand the above and *do not want* OCR to reveal my identity or identifying information about me.

SIGNATURE:

DATE:

NAME:

(Please Print)

ADDRESS:

X _____

Signature Certificate

Document name: OFCR Consent - Jeanette Keller

Unique Document ID: C1E175E7F1C484A6CE57590326253E3C0D4FAFE0

LEGALLY SIGNED USING WPesignature
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