



**STATE OF GEORGIA
OFFICE OF THE GOVERNOR**

Nathan Deal
Governor

Corinna Magelund
Disability Services Ombudsman

Policy No.: 2

Subject: Release of Information Authorization

Issued by: Office of Disability Services Ombudsman

Date of Issue: June 16, 2011

Consumers and individuals providing information on behalf of a consumer have the right to confidentiality of their identity relevant to complaints that have been filed with Office of Disability Services Ombudsman. If you are a consumer, guardian of the person of a consumer, parent or court-ordered legal custodian of a minor consumer, you can authorize us to access records and treatment information of the consumer so that we may assist the consumer most fully, by completing and signing the [Release of Information Authorization form](#).

If the consumer (or guardian, parent or legal custodian, as appropriate) authorizes disclosure to you, please have that documented by asking them to complete and sign the authorization form.

Completed and signed Release of Information forms with requests may be faxed to us at: 404.651.4147 or scanned and submitted electronically to mhds.ombudsman@georgia.gov. You may also send the signed authorization form to the address listed below:

Office of Disability Services Ombudsman
270 Washington Street, SW
Suite 8087
Atlanta, Georgia 30334
Phone: 404.656.4261
Fax: 404.651.4147