

State Long-Term Care Ombudsman Program  
**Code of Ethics**

As a certified ombudsman, I am subject to a code of ethics. I assume responsibilities and accountability for my actions as a representative of the Office of the State Long-Term Care Ombudsman. I recognize and adhere to the following points of ethics, and as a certified ombudsman will strive to:

1. Maintain and promote the integrity and credibility of the State Long-Term Care Ombudsman Program.
2. Respect the human dignity and individuality of each resident.
3. Provide advocacy services unrestricted by personal belief or opinion.
4. Avoid discrimination based on age, ethnicity, medical condition, source of payment, social or economic status, personal characteristics, or life choices.
5. Inform residents of their rights.
6. Respect and promote the resident's right to self-determination, making every reasonable effort to learn what the resident wishes and act per the resident's wishes.
7. Seek informed consent from a resident and follow the resident's direction about a complaint or other request. When the resident cannot consent, seek informed consent from any legally authorized representative of the resident.
8. Safeguard the resident's right to privacy by protecting confidential information and acting only with informed consent from the resident.
9. Take part in efforts to promote a quality long-term care system and act to protect residents from abuse and neglect.
10. Adhere to policies and procedures of the State Long-Term Care Ombudsman Program and host agency.
11. Consult with my supervising staff ombudsman or the state office when needed.
12. Complete required annual continuing education hours.

**I will do my best to uphold this code. I understand the effectiveness and credibility of the Ombudsman Program depends, in part, on the way I carry out my responsibilities. The state office requires this signed Code of Ethics for my initial certification as a long-term care ombudsman.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the local ombudsman entity:

Ombudsman Program or Area Agency on Aging \_\_\_\_\_ Date \_\_\_\_\_