

Long-Term Care Referral Agent Disclosure and Advisory Form

Agent Business Information

Agent Addre Telepl Email:	none:	Senior Living Options PO Box 41978 Eugen 541-510-5095 Meaghan@SeniorLivi	e, Oregon 9		
Gene	eral Information for	Oregon Consumers			
	and offers additional in			eferral Agents must provide to ance finding long-term care	
	ated Disclosures on law requires a Long-T	erm Care Referral Agent to	o make the fo	ollowing disclosures to a client:	
1)	following: ☑ Adult Foster Hom ☑ Memory Care	ne ⊠ Residential C □ Nursing Facili Retirement Communit	are Facility ty		
2)	Limitations on referrals. The client will be referred only to facilities with which the Referral Agent has a business-to-business contract: ☐ Yes ☒ No				
3)	Referral fees. Any fees home/facility:	s paid to the Referral Agen	t for services ⊠ Yes □	will be paid by the admitting ☑ No	
4)	Expiration . This authorization will remain in effect until terminated by you. You have the right to revoke this authorization at any time by contacting Senior Living Options of Oregon at the above address, or by email or text. Revocation may not be effective to the extent that anyone has already acted in reliance on this authorization.				

- 5) **Privacy Policy**. We pledge to maintain your privacy, sharing personal information on a "need-to-know" basis only. Your personal information will never be sold for any reason.
- 6) **Facility Complaint History**. The Department of Human Services (DHS) website listing complaints concerning facilities/care communities is found at: https://ltclicensing.oregon.gov



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Additional Information

The following additional information beyond the mandatory disclosures is provided to assist the consumer in understanding Oregon laws regarding referrals.

A Referral Agent Must:

- 1) Discontinue providing services to a client who notified the Referral Agent in writing that the client no longer wishes to use the services of the Referral Agent. If the Referral Agent has received compensation from the facility for a referral that has been made, the client may notify the Referral Agent in writing that he/she wish to use the services of another Referral Agent in the future for referral to another facility in a subsequent move. The client's written notice shall identify the name of the facility and the move-in date of the original referral made by the Referral Agent.
- 2) Provide the required disclosures to the client in writing in a conspicuous and clear manner. The disclosure may be made orally first if the agent makes an audio recording with the consent of the client and thereafter provides the client a written disclosure.

A Referral Agent May Not:

- 1) Provide a referral to a long-term care facility/home for compensation unless registered with DHS.
- 2) Refer a client to a facility in which the Referral Agent or an immediate family member has an ownership interest.
- 3) Contact a client or authorized representative who has requested in writing that the Referral Agent stop contacting them.
- 4) Share a client's placement information with or sell a client's placement information to a facility or marketing affiliate without obtaining affirmative consent from the client or his/her authorized representative for each instance of sharing or selling such information.

Authorization to Share Placement Information

I authorize this Referral Agent to share my placement informeterred or with this Referral Agent's marketing affiliates.	rmation with the facilities to which I will be
Receiving Individual – (electronic) Signature	Date
Receiving Individual – Printed Name	