

Disclosure Statement

Information Release Form

All clients of Clark County Senior Resources must sign our disclosure statement

Clark County Senior Resources, LLC

Disclosure Statement and Information Release Form

This document is to define the services provided by Clark County Senior Resources. To best represent the interests of the older adult and/or responsible party, “Client,” and to comply with the requirements of the state of Washington, Clark County Senior Resources, “CCSR,” the Client’s confirmation of receipt of this information is requested and will serve as acceptance of services in order that CCSR may be of assistance for you.

Information is managed by CCSR based upon **RCW 70.02.017**. The identity of an older adult is only disclosed in relation to private health care information in instances where the older adult or the responsible party has provided consent. CCSR works with both the Client and the Provider in the same transaction.

CCSR may not require or request the Client to sign waivers of potential liability for losses of personal property or injury, or to sign waivers of any rights of the Client established in state or federal law as required in **RCW 18.330**. However, CCSR cannot make any guarantee of services made by any provider.

About CCSR: CCSR is dedicated to providing help for older adults with transitioning to housing and care providers. CCSR obtains personal information about older adults through its intake process, which helps to identify needs, interests and preferences of the Client. Based on this intake, CCSR provides housing and care provisions that will be of interest to the older adult and/or responsible party. CCSR provides the support to help older adults move or to encourage them to transition into new living conditions.

CCSR manages the specific information about senior residencies and care providers, “Providers,” A list of questions, known as the intake process, helps CCSR define the best geographic locations, style of life, personality and ambiance preferences, pricing and potential services for care. However, CCSR is a referral agency and is not a resource of medical provisions. Older adults fare better if family members are involved with the transitioning process on a continual basis to support the older adult. CCSR referrals range from skilled nursing to Medicare-certified in-home care.

CCSR can suggest referrals to Clients for legal counsel, financial advisors, health care therapies, real estate, moving services or other types of services. No financial compensation is received by CCSR for these referrals. However, the Client must apply due diligence of a Consumer. CCSR does not warrant or guarantee the quality or performance of such services. CCSR is held harmless for any loss, injury or harm that may result of using such services. It is the responsibility of the Client to determine their own personal choices regarding using such services.

The Client selects the residency and care: The Client selects the Provider of their own choice. CCSR does not select a specific Provider or care on behalf of the Client. Also, the Client must negotiate move-in and monthly rent and care fees directly with the Provider. The Client must abide by the application process of the Provider to establish in-home services or residency and care services. CCSR informs the Client of options, and the Client selects any one particular option.

Although CCSR does not negotiate on behalf of the Client, CCSR obtains detailed information regarding any offers being made by Providers to the general public and makes such information available to the Client. CCSR assures Clients the most favorable pricing from Providers so that they are not charged higher prices due to the involvement with CCSR.

Medical professionals may be involved: To best determine the medical health condition, medication management, and appropriate care level prior to admission to a residency, the physician may be required to be involved for the best possible outcome. CCSR offers assessments, paid for by the Client, through qualified registered nurses or the Provider may provide assessment services. However, CCSR does not offer medical advice, does not assess medical needs and does not offer care plans. Once the Provider reviews the assessment, the Provider decides whether to accept the Client.

Services are free-of-charge to Clients: CCSR signs contracts with Providers and Providers pay a referral fee to CCSR. CCSR holds a policy of charging the Provider once the Provider receives compensation for housing and/or care from the Client's private funds or from long-term care insurance funds. CCSR does not receive a fee from the Provider if any portion of the monthly housing cost is paid by Medicaid/COPES or Medicare. Also, CCSR pro-rates the Provider's referral fee to the number of days the Client is actually in residence or receiving care if the Client passes away or moves out prior to the first month.

CCSR referral compensation by Providers: The specific compensation a Provider pays CCSR varies upon the type of residency and care services agreed by the Client. Upon the Client's written request, CCSR will provide the specific details as to the referral fee paid by

the Provider to CCSR. You may request the actual details of the referral amount by sending an email, fax, or letter to CCSR.

The contracted payment of fees vary from Provider to Provider. CCSR fees range from 50% to 100% of the first and/or second month's rent, which is due up to 30 days [thirty days] from the Provider.

CCSR makes the initial introductions to all Providers of the Client, which ensures the best appropriate care and that CCSR is compensated for their efforts.

Client with Long-term Care Insurance: CCSR does not interpret long-term care insurance contracts but do offer complimentary services of reading long-term care policies to provide the Client insight as to the types of Providers that may be approved by the insurance company and to help the Client and their family to understand the residency and care industry. CCSR is not held responsible for loss, harm or injury that may result of information given to the Client, or lack of information, about the insurance policy. CCSR cannot guarantee whether claims are paid by the insurance company. CCSR advises the Client and/or the responsible party to contact the insurance company and make their own determination or retain an attorney for such purposes.

If the Client believes they were unfairly treated by the insurance company that relates to payment of benefits for long-term care from the insurance company, they may either or both of the following:

Contact the Washington State Insurance Commissioner's Office:

Call 1-800-562-6900

Email: <http://www.insurance.wa.gov/your-insurance/email-us>

Submit a complaint online: insurance.wa.gov/complaints-and-fraud/file-a-complaint

Contact the Washington State Attorney General – Consumer Protection Division

Call 1-800-551-4636

Call 1-800-833-6384 (hearing impaired)

Call 206-464-6684 (out-of-state callers)

Submit a complaint online:

<https://fortress.wa.gov/atg/formhandler/ago/ComplaintForm.aspx>

Mail your written complaint to:

Attorney General's Office/Consumer Protection Division

PO Box 40100, Olympia, WA 98504-0100

No conflicts of interest: CCSR and its personnel or business associates, who are directly involved in providing referrals to Clients, including their immediate family members, shall not have an ownership interest in the residence or care services to which the Client is given a referral, and, if such ownership interest exists, an explanation of that interest. However, CCSR may advise the older adult or responsible party work with medical professionals (mental health professionals, ombudspersons, social workers, counselors and the like) to clarify the Client's needs or preferences before working with CCSR. In such situations, the older adult or responsible party will be responsible for costs of such services. At no time does CCSR receive a referral fee from such professionals.

Providers compliance with State requirements: CCSR reviews and records any licensing violations of all Providers as maintained on the website of the Department of Social and Health Services every 12 [twelve] months and within 24 [twenty-four] hours prior to offering the Provider's residency or care to the Client. Unless Enforcement Letters indicate serious infractions, the existence of such letters are not necessarily the reason for a Client to pass over consideration of such Providers.

CCSR shall have no liability or responsibility for the accuracy, completeness, timeliness, or currency of the DSHS website information shared in the prescribed format and are immune from any cause of action arising from CCSR's reliance on, use of, or distribution of this information under RCW 18.330.070(4).

CCSR frequency of visits to Providers: CCSR makes in-person tours of Providers, both scheduled and unscheduled. Dates of such visits are available upon request to the Client. Due to the ever-changing clientele with fluctuating needs, the Provider may alter their willingness to extend certain services to each individual Client. Clients and their responsible parties have the power to accept or decline services of any Provider. It is vital to note that frequency of visits by CCSR should not guarantee future performance of a Provider. CCSR, their employees, owners, acts or omissions of a Provider under RCW 18.330.150. The Client must be vigilant in analyzing and communicating with a Provider at their own discretion and in a manner that promotes quality communication and quality care.

CCSR and mandatory reporting: CCSR and its employees and independent contractors are required to reports abuse, neglect, abandonment or financial exploitation to appropriate authorities such as Adult Protective Services. Requests by a Client not to disclose such issues to Washington state authorities is against the law and is strictly prohibited by CCSR.

CCSR involves older adults as best practices: To provide the finest service possible, CCSR involves the older adult in the selection process for residency and health care services. If the Client is unwilling or unable to be involved in this process, the responsible party may become involved in their place. At times, the older adult may suffer undue stress or be confused and unable to understand the process, CCSR will communicate these matters to the responsible party. CCSR treats each older adult with dignity and respect while involving them in important decisions.

Ending your relationship with CCSR: The Client may end the relationship with CCSR at any time for any or no reason without any fee or penalty. However, the Client should notify CCSR by providing their name, the name of their responsible party, and a contact phone number or email:

Email to: **shannon@clarkcountysr.com**

Call: 564-227-8847

Adult Protective Services – Clark County

800 NE 136th Ave #220, Vancouver, WA 98664 **Phone: 877-734-6277**
To report abuse, neglect, abandonment, or financial exploitation:

Washington State Ombudsperson Program

800-562-6028 and website: <http://www.LTCOP.org>

Authorization granted to CCSR and permission to release information

Pursuant to the requirement of the Health Insurance Portability and Accountability Act (HIPAA), the purpose of this disclosure, at this time, is for both non-medical and for medical purposes. Additionally, there is the potential for the protected health information to be re-disclosed by the recipient and thus, no longer is protected under this Privacy Rule.

I understand that this consent may be revoked in writing at any time with the exception and to the extent that disclosure of information may have already occurred prior to the receipt of revocation.

I give CCSR, its employees, and its independent contractor(s) permission to access information regarding the older adult(s) named below. I also give permission to the Providers working with CCSR (physicians, clinicians, ARNPs, licensed assessors, senior residency and care providers and/or paraprofessionals such as Certified Nursing Assistants, as well as regulatory or vulnerable adult advocacy organizations) to access this information as it relates to the Client's interest in arranging for in-home care or relocating to a senior residence or care services.

CCSR individual you are working with is:

Shannon Calles Owner

564-227-8847

Shannon@ClarkCountySR.com

I acknowledge receipt of the Disclosure Statement and Information Release Form of CCSR contained in this document. I also verify that I am either the Older Adult(s) seeking assistance or I am a family member or related to the Older Adult(s) OR I hold legal documents such as Durable Power of Attorney or Guardianship to help the Older Adult(s).

By completing this form, you are confirming receipt of the above documents. Additionally, you are confirming that CCSR as well as its business associates of the agency are given permission to discuss your potential interest in them; or that the agency has permission to communicate with the potential providers on your behalf.

Yes, I understand.

THIS AGREEMENT is entered into this day

Client First and Last Name (required)

Client Signature

Client Phone Number (required)

Client Email (required)

First and Last Name of DPOA or Guardian (Mark N/A if none)

Signature of DPOA or Guardian (Mark N/A if none)