

**Long-Term Care Referral Agent
Disclosure Statement & Privacy Policy**

All About Seniors, Inc.
15717 SE McLoughlin Blvd.
Milwaukie, OR 97267
phone: 503-659-1410 / fax: 503-654-4011
www.AllAboutSeniorsInc.com
email: AllAboutSeniors1@cs.com

General Information for Oregon Consumers

This Advisory provides a list of disclosures, which Long-Term Care Referral Agents must provide to clients.

Mandated Disclosures

Oregon law requires a Long-Term Care Referral Agent to disclose the following information to the client:

Description of Long-Term Care Referral

The types of facilities you may be referred to include the following:

Adult Care Home, Assisted Living Facility, Independent Living, Memory Care, Nursing Facility, Residential Care Facility, Continuing Care Retirement Community (CCRC), Medicaid Contracted Facility, (Other: _____).

Limitations on Referrals

The client will only be referred to facilities with which the Referral Agent has a business-to-business contract.

Yes No

Referral Fees:

Any fees paid to the Referral Agent for services will be paid by the admitting facility.

Yes No

Length of Contract

All About Seniors, Inc. does not contract our referrals for a set length of time.

Yes No

Privacy Policy

Our clients understand and acknowledge that each situation is unique. We pledge to maintain your privacy, sharing personal information strictly on a "need-to-know" basis. During our client inquiry process, we will ask for pertinent personal information. This will include, at a minimum, recent health information, personal preferences, and your available financial resources. At no time will we ask for any banking or investment account numbers. We collect only the necessary information required to make our professional referrals.

Facility Complaint History:

The Department of Human Services (DHS) website listing complaints concerning facilities is found at: <https://ltclicensing.oregon.gov/facilities>

Acknowledgement of Disclosure & Authorization to Share Placement Information

I acknowledge that I have received this Disclosure document as well as the DHS Certificate of Registration. I authorize the Referral Agent to share the placement information with the facilities to which I will be referred or with this Referral Agent's marketing affiliates.

Receiving Individual – Signature

Date

Receiving Individual – Printed Name

Rev 10.19.18