



NORTHWEST SENIOR CARE SOLUTIONS

Trusted Senior Living Guidance and Placement Services

Terms of Acknowledgment and Agreement

By submitting the contact form on this website, you confirm that:

1. You have received and reviewed the Disclosure and the Privacy Policy for Northwest Senior Care LLC.
2. You understand the information provided in these documents and agree to the terms.
3. Submitting the contact form serves as your electronic signature, which has the same effect as signing these documents in person.

If you have any questions about these terms or would like a printed copy of the documents, please contact us.

Long-Term Care Referral Agent Disclosure and Advisory Form

Agent Business Information

Northwest Senior Care Solutions, LLC
Address: P.O. Box 5882, Portland, OR 97228
Email: lila@nwseniorcare.com
Website: <https://nwseniorcare.com>

General Information for Oregon Clients

Oregon Long Term Care Referral Agents are required to provide clients seeking assistance finding long-term care options the following information:

1) **Description of the referral.** The types of facilities being referred to the client include the following: Independent Living ___ Assisted Living ___ Memory Care ___ Adult Foster Home ___ Residential Care Facility___ Independent Living___ Medicaid Contracted___ Other: (Please Specify) _____

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 paid to the Referral Agent for services will be paid by the admitting community: Yes No

4) This Referral Agent's right to a referral fee expires if the client does not move into a referred facility within a specified period from the time of the referral:
Yes ___ No ___

If yes, what is the range of the expiration periods specified in this Referral Agent's business-to-business facility agreements

5) **Privacy Policy.** A copy of the Referral Agent's privacy policy is attached to this advisory form.

6) **Facility Complaint History.** The Oregon Department of Human Services (ODHS) 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 wishes 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 ODHS.

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 understand, and consent to this agreement and I authorize this Referral Agent to share my information with the communities to which I will be referred:

Receiving Individual Signature _____

Receiving Individual Printed Name _____

Date: _____



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Privacy Policy

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate and disclose and make use of personal information. The following outlines our privacy policy.

- Before or at the time of collecting personal information, we will identify the purposes for which information is being collected.
- We will collect and use of personal information solely with the objective of fulfilling those purposes specified, unless we obtain your consent.
- We will only retain personal information as long as necessary for the fulfillment of those purposes.
- We will collect personal information only lawful and fair means and with the knowledge or consent of the individual concerned.
- Personal data is relevant to the purposes for which it is to be used, and, to the extent necessary for those purposes, should be accurate, complete and up-to-date.
- We will protect personal information by reasonable security safeguards against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.
- We will make readily available to customers information about our policies and practices relating to the management of personal information.

We are committed to conducting our business in accordance with these principles in order to ensure that the confidentiality of personal information is protected and maintained.