



www.silverliningssca.com | 503-508-3093

Long-Term Care Referral Agent Disclosure and Advisory Form

Agent Business Information:

Business Name: Silver Linings Senior Care Advisors LLC

Agent Name: _____

Address: _____

Telephone: _____

Email: _____

Website Address: _____

General Information for Oregon Consumers

Oregon Long-Term Care Referral Agents are required to provide consumers seeking assistance in finding long-term care options with the following disclosures and information.

Mandated Disclosures:

1. Description of Referrals

The types of facilities that may be referred to the client include:

- Adult Foster Home
- Residential Care Facility (RCF)
- Assisted Living Facility
- Memory Care Facility
- Nursing Facility
- Medicaid Contracted Facility
- Continuing Care Retirement Community (CCRC)

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 home or facility.

Yes

No

4. Referral Fee Expiration:

The Referral Agent's right to receive a referral fee may expire if the client does not move into a referred facility within a specified period of time from the date of the referral.

Yes

No

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

5. Privacy Policy:

A copy of the Referral Agent's privacy policy is attached to this advisory form.

A copy of the privacy policy can also be found at the following web link:

6. Facility Complaint History:

The Oregon Department of Human Services (ODHS) maintains a website listing complaints concerning facilities and care communities.

This information can be found at:

<https://ltclicensing.oregon.gov>

Additional Information :

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

A Referral Agent must:

1. Discontinue providing services to a client who notifies the Referral Agent in writing that the client no longer wishes to use the services of the Referral Agent.
 2. Provide the required disclosures to the client in writing in a clear and conspicuous manner. The disclosure may be made orally first if the agent records the disclosure with the consent of the client and later provides a written disclosure.
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A Referral Agent may NOT:

1. Provide a referral to a long-term care facility for compensation unless registered with the Oregon Department of Human Services.
 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 or sell a client's placement information to a facility or marketing affiliate without obtaining affirmative consent from the client or the client's authorized representative for each instance of sharing or selling such information.
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Client Representation

By signing this agreement, the client acknowledges that Silver Linings Senior Care Advisors LLC is acting as their referral agent for purposes of identifying and coordinating long-term care placement options.

The client agrees to notify Silver Linings Senior Care Advisors of any direct contact with a referred facility and understands that Silver Linings is the procuring cause of any placement resulting from its referral efforts.

Non-Circumvention

The client agrees not to intentionally bypass or circumvent Silver Linings Senior Care Advisors in order to avoid referral involvement after introductions or referrals have been made.

The client acknowledges that Silver Linings has invested time and resources into identifying appropriate care options and coordinating services.

No Guarantee of Services

Silver Linings Senior Care Advisors provides guidance and referral assistance based on available information and client needs. Final decisions regarding care selection remain the responsibility of the client and/or their authorized representative.

Silver Linings does not own, operate, or control any referred facility and does not guarantee the quality of care provided by any third-party provider.

Client Information Accuracy

The client agrees to provide accurate and complete information regarding care needs, medical conditions, behaviors, and financial considerations.

Silver Linings Senior Care Advisors is not responsible for placement challenges resulting from incomplete or inaccurate information provided by the client or their representatives.

Release of Information and Authorization

By signing this agreement, the client authorizes Silver Linings Senior Care Advisors LLC to obtain, use, and share relevant personal, medical, and care-related information with healthcare providers, care communities, and professionals as necessary to assist with care coordination and placement.

This authorization is limited to information necessary for placement services and may be revoked in writing at any time.

Referral Tracking

The client acknowledges that Silver Linings Senior Care Advisors may document and track referral activity, including communications and introductions, for the purpose of coordinating care and verifying referral involvement.

Authorization to Communicate

The client authorizes Silver Linings Senior Care Advisors to communicate with healthcare providers, care communities, and relevant professionals as necessary to assist with care coordination and placement.

This authorization is limited to information necessary for placement services and may be revoked in writing at any time.

Acknowledgment of Verbal Consent

In situations where services are initiated verbally, the client acknowledges that disclosure information has been explained and that consent to proceed with services and information sharing has been provided.

A written copy of this disclosure will be provided to the client as soon as reasonably possible.

State Registration

Silver Linings Senior Care Advisors LLC is registered with the Oregon Department of Human Services as a Long-Term Care Referral Agent. A copy of our current certificate of registration is attached.

Authorization to Share Placement Information:

I have read, understand, and consent to this agreement. I authorize this Referral Agent to share my placement information with the facilities to which I may be referred or with the Referral Agent's marketing affiliates as necessary for placement services.

Receiving Individual – Printed Name:

Receiving Individual – Signature:

Date: