



NURSE4MOM

EXPERT SENIOR CARE NURSE CONSULTANTS

NURSE4MOM REFERRAL INTAKE

CLIENT NAME: _____

DATE OF BIRTH: _____ ROOM NUMBER: _____

CURRENT LOCATION: _____

LOCATION REPRESENTATIVE: _____

LOCATION CONTACT PHONE: _____

LOCATION CONTACT FAX: _____

CLIENT IS CAPABLE OF SELF-DETERMINATION WITHOUT REPRESENTATION: YES NO

REPRESENTATIVE NAME: _____

REPRESENTATIVE RELATIONSHIP TO CLIENT: _____

REPRESENTATIVE CONTACT PHONE: _____

BRIEF DESCRIPTION OF CIRCUMSTANCES LEADING TO NURSE4MOM REFERRAL:

PLEASE FAX THIS FORM TO (833) 677-4666



support@nurse4mom.com



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LONG-TERM CARE REFERRAL AGENT DISCLOSURE AND ADVISORY FORM

AGENT BUSINESS INFORMATION

AGENT BUSINESS NAME: NURSE 4 MOM
ADDRESS: 6107 SW MURRAY BLVD #177, BEAVERTON, OR 97008
TELEPHONE: (833) 677-4666
EMAIL: support@nurse4mom.com

GENERAL INFORMATION FOR OREGON CONSUMERS

This advisory provides a list of disclosures which long-Term Care Referral Agents must provide to clients and offers additional information for consumers seeking assistance finding long-term care options.

MANDATED DISCLOSURES

Oregon law requires a Long-Term Care Referral Agent to make the following disclosures to a client:

1) DESCRIPTION OF THE REFERRAL: The types of facilities being referred to the client may include the following:

Adult Foster Home, Memory Care Community, Continuing Care Retirement Community, Residential Care Facility, Nursing Facility, Assisted Living Facility, Independent Living Community

2) LIMITATIONS ON REFERRALS:

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

3) REFERRAL FEES:

Fees paid to the Referral Agent for placement services will be paid by the admitting facility. Additional services provided to the client may be contracted separately. Clients with Medicaid insurance as their payer source are provided services at no cost to the client or the receiving facility.

4) EXPIRATION OF AGENT'S RELATIONSHIP:

This Referral Agent's right to a referral fee expires one calendar year from the date of the original referral if the client does not move into a referred facility.

5) FACILITY COMPLAINT HISTORY:

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



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PRIVACY PRACTICES

Your privacy is very important to us. Accordingly, we have developed this Policy for you to understand how we collect, use, communicate, 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 personal information solely with the objective of fulfilling those purposes specified by us and for other compatible purposes, unless we obtain the consent of the individual concerned or as required by law.

We will only retain personal information as long as necessary for the fulfillment of those purposes. We will collect personal information by lawful and fair means and, where appropriate, with the knowledge or consent of the individual concerned.

Personal data should be 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 to ensure that the confidentiality of personal information is protected and maintained.

Questions can be emailed to support@nurse4mom.com



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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 request, obtain, and share my placement information with the facilities to which I will be referred or with this Referral Agent’s contractors.

CLIENT SIGNATURE _____ DATE: _____

REPRESENTATIVE SIGNATURE _____ DATE: _____



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AUTHORIZATION TO REQUEST AND SHARE PROTECTED HEALTH INFORMATION

PATIENT NAME: _____ DATE OF BIRTH: _____

I authorize Nurse4Mom and it's representatives to request, obtain, review, and share my demographic and health information from my current medical providers and/or prior care teams (list below):

This information is collected for review in assistance determining placement and transitinoal needs.

I authorize N4M to share information deemed pertinent with the facilities to which I may be referred.

I give permission to Nurse4Mom and it's representatives to discuss personal information with other parties, in so far as it relates to assistance with placement and transition supporting services.

This release is effective for one (1) year from the date it is signed unless revoked in writing.

CLIENT SIGNATURE _____ DATE: _____

REPRESENTATIVE SIGNATURE _____ DATE: _____



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