Disclosure Statement

CareWise Senior Placement • Arizona ARS § 36-446.14

Please review all required disclosures below, pursuant to Arizona Revised Statutes § 36-446.14 governing assisted living facility placement agencies. Your signature at the end of this document acknowledges that you have read and accept the disclosure statement in its entirety.

1. Referral compensation and business relationships

We are in the business of referring residents to assisted living facilities and assisted living homes. We will be paid by the facility or home if you move into one of the referred facilities or homes. The fee we receive from the facility or home into which you move typically ranges from 0 to 100 percent of your first month's rent and care charges, or from $0 to the full amount of your first month's rent and care charges. We do have a current business relationship and we do not have a common ownership or control in, or any other financial, business, management or familial relationship with, any of the homes and facilities to which we are referring you.

2. Right to terminate services

By providing us with a written or electronic notice, you have the right to terminate our services to you at any time, including our use of your personal information. If you terminate our services, we will not be entitled to any fee for any move-in you make after the date of the termination notice unless either: **(1)** the facility or home you choose within the next twelve months is one that we specifically identify and refer to you after we evaluate your profile and requests but before we receive your notice of termination; or **(2)** you communicate with us before you move into the facility or home.

3. Affiliated businesses

CareWise is beneficially owned by a parent company that also operates Stress Free Transitions, LLC (estate liquidation and moving) and Four Pillars Financial, LLC (financial processing). These affiliated businesses operate independently. You are not required to use their services, and CareWise receives no additional compensation if you choose to do so.

4. Authorization to release information (HIPAA)

I authorize CareWise, its employees, and independent contractors to access relevant information regarding the client and to share necessary information with senior care providers, healthcare professionals, and regulatory organizations as part of the placement and care coordination process. I understand that protected health information may be re-disclosed by recipients and may no longer be protected under HIPAA. This authorization may be revoked in writing at any time, except where disclosures have already been made.

5. Authority to act

I confirm that I am either the older adult seeking assistance, a family member of the older adult, or I hold legal authority (such as Durable Power of Attorney or Guardianship) to act on their behalf. I authorize CareWise and its associates to communicate with potential care providers on my behalf.

I have read and acknowledge all disclosures listed above as required by Arizona ARS § 36-446.14. I understand CareWise's compensation structure, independence from providers, my right to terminate services, affiliated businesses, HIPAA authorization, and authority to act.

Signature

By signing below, I confirm that I have read, understood, and acknowledge each of the disclosures above.

Signature _____ Date _____

Printed full legal name _____

Relationship to older adult (self / family member / legal representative) _____ If legal rep, capacity (POA / Guardian) _____

For CareWise use

CareWise representative _____ Date _____