

CLIENT AUTHORIZATION AND WAIVER

1. The undersigned, \_\_\_\_\_ (“Client”), desires for Eldercare Professionals of Ohio, LLC, an Ohio limited liability company (“EPO”) to provide Client with a list of private pay independent assisted living facilities, residential care facilities and/or assisted living facilities (“Facilities”) in which Client may reside and to assist Client in choosing a Facility in which to reside. Client understands that the effectiveness of EPO’s assistance is dependent upon information provided by Client to EPO and therefore, Client is encouraged to be honest and forthcoming with information to EPO.

2. By signing this Authorization and Wavier, Client agrees and acknowledges that EPO is in possession of confidential and private information related to Client and Client’s medical and family history. Client authorizes EPO to use such information when assisting Client in his/her assessment of which Facilities may meet Client’s needs and other Client requirements. EPO is authorized to share such information with the Facilities for the same purposes. Contemporaneously with this Authorization and Waiver, Client has executed the attached HIPAA Authorization.

3. EPO will not be compensated by Client. If Client is placed in a Facility, EPO will receive a placement fee from that Facility. Client acknowledges that EPO has advised Client that it will receive a fee from any Facility in which Client is placed, and Client expressly authorizes EPO to obtain such fee.

**4. EPO’s services consist solely of those services listed above, and EPO provides no other services to Client. Client understands and acknowledges that EPO is not a social worker, counselor, psychological professional, medical doctor, nurse, psychiatrist or any other type of health care professional. Neither EPO nor Kelsey Loushin are licensed by any federal, state or local government agency. Client has been advised of the same and agrees to allow EPO to provide the services listed above.**

5. Client warrants and represents to EPO that Client will privately pay for any stay or other services provided at the Facilities, and that Client will not receive any federal or state funds, including without limitation Medicare or Medicaid. Client’s stay at any Facility shall not at any time be paid by any Medicaid Waiver program.

6. Client acknowledges and agrees that EPO’s services consist solely of providing to Client information regarding the Facilities (all of which are private pay) based upon Client’s conditions and criteria, and that EPO makes no recommendations, referrals, guaranties, warranties or assurances, express or implied, regarding any Facility. Client is responsible for visiting the Facilities and obtaining independent information regarding the Facilities. Information that EPO provides to Client has been provided by the Facilities or obtained by EPO from public sources, therefore, EPO is not responsible for the accuracy of such information. EPO is not affiliated, in any manner, with any of the Facilities, except as set forth above, EPO will be paid by the Facility if Client chooses to reside at the Facility. Client releases and discharges EPO and its employees, agents, independent contractors, successors and assigns from any liability, damages or expenses, including without limitation, any indirect, incidental, consequential or special damages incurred by or that may be incurred by Client (collectively “Claims”) occurring at any Facility of arising form or in connection with the operation of any Facility. **CLIENT EXPRESSLY ASSUMES RESPONSIBILITY FOR ALL RISKS INVOLVED IN OR ARISING FROM ITS ENGAGEMENT OR RESIDENCE AT ANY FACILITY.**

\_\_\_\_\_  
SIGN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME