



## Sharon Borrevik, Senior Advocate Consumer Disclosure Form



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### Advisor/Agency Business Information

**Business Name:** Sharon Borrevik, Senior Advisor

**Registered Advisor:** Sharon Borrevik

**Telephone:** 503.396.1300

**Email:** sbsenioradvocate@gmail.com

**Web:** www.SBSeniorAdvocate.com

**Address:** 25 NW 23<sup>rd</sup> St, Suite 6 PMB 383, Portland, OR 97209

**Established:** 2018

- Living Well Senior Solutions 2012-18
- Previous company

**Registered Advisor #:** 1033

**Last Form update:** July 2018

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### General Information for Oregon Consumers

Oregon law requires all long-term care senior living advisors be registered with the Department of Human Services (DHS). The law also mandates the following disclosures be made by each advisor/agency. Accordingly, we disclose the following:

### Mandated Disclosures

Description of Services to be provided by Sharon Borrevik, Senior Advisor (SBSA):

- A phone call or e-mail to SBSA starts the process. SBSA serve you and/or your designate(s) needing – or simply seeking – information on available long-term care support options. I will ask some general questions about your current situation such as what has happened to inspire your search and then arrange to meet in person to gain greater insight into your needs and desires: Financial, Health, Environment, and Geography will be considered.
- Our fundamental purpose is to educate, facilitate, guide and support. We are not decision-makers. All decisions are made by you and/or your designate(s). SBSA advisors are generalists turning overwhelming amounts of information into useful, time-critical knowledge applicable to your specific circumstances.

Privacy Policy Regarding Client Information:

- Clients understand and acknowledge that each transition and situation is different and unique. We pledge to maintain your privacy at all times sharing personal information on a “need-to-know” basis only. Your personal information will never be sold for any reason. During our client inquiry process, we will ask you for pertinent *health information*, your *preferences* and your available *financial resources*. At no time will we ask for any banking, investment statements or account numbers. We collect only the necessary information required to make our professional referrals.

Length of Contract:

- Authorization shall be in force and effect until you terminate this agreement with SBSA (via phone call, email, text or written notice) at which time this authorization expires.
  - You understand that you have the right to revoke this authorization at any time.
  - You understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on this authorization, to view your information.

Referral Fees/Payment:

- We are compensated by the providers we contract with. SBSA has no ownership interest in any care provider business as required by law. SBSA is located in Oregon and operates as a sole proprietor business in good standing.

Limitations on Referrals:

- SBSA will contact prospective facilities and arrange for a convenient time for us to tour. This will include options that we are contracted with. Appropriate non-contracted options may also be identified for pursuit on your own.

Facility Complaint History:

- Consumers interested in reviewing the substantiated complaints on any given facility may visit:

<https://ltclicensing.oregon.gov/Facilities>

**By signing below, I acknowledge I am the ☐client or ☐designate authorized to receive this disclosure document. Concurrently, I authorize the sharing of personal client information as may be required to find satisfactory accommodations and support services.**

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Receiving Individual – Signature

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Receiving Individual – Printed Name

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Date