OPT OUT OF PRE-DISPUTE ARBITRATION AGREEMENTS
(AND OTHER PRE-DISPUTE CONFLICT RESOLUTION LIMITATIONS)

I, _____, hereby opt out of clauses and/or agreements accepting binding arbitration with any long-term care provider (including, without limitation, nursing homes, assisted living communities, group homes, and/or home care providers) to the extent allowed by law. (I opt out pursuant to 42 C.F.R. §483.70 (published in the Federal Register on July 18, 2019 as document 2019-14945) and any other laws or rules enabling me to so opt out.)

To the extent allowed by applicable law and/or rule, I opt out of any and all provisions in any terms and conditions, terms of service, and/or agreements (however such document is titled) that would:
1. Bind me to any forms of dispute resolution other than courts of applicable jurisdiction;
2. Prohibit me from participating in class actions; and/or
3. Require me to maintain confidentiality regarding the existence and/or resolution of any dispute.

My agent MAY NOT alter my choices expressed above.

My choices above do not prohibit me (or my agent) from agreeing to a form of alternative dispute resolution after a dispute has arisen.

A copy of this document is as good as the original for providing notice of my wishes in this matter.

_____ _____
Signature Date

State of _____)
) ss:
County of _____)

This document was acknowledged, without oath or affirmation, before me on _____, 20____

_____ My commission expires
Notary Signature

on: _____

SUGGESTION: Attach a copy of this completed document to each copy of your General Power of Attorney (perhaps called Durable Power of Attorney or Statutory Power of Attorney) and each copy of your Health Care Power of Attorney (perhaps called Health Care Proxy) to maximize the likelihood of a copy getting to your long-term care provider at the appropriate time.

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We do not seek payment for use, but we want to have our idea and work recognized.