



SUN VALLEY RISE - HOME CARE CONSENT & SERVICE AGREEMENT - PRIVATE PAY

DATE OF AGREEMENT: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

PATIENT'S PHONE: _____

PATIENT EMAIL: _____

PATIENT ADDRESS: _____

Please review this agreement carefully, as it sets forth the understanding between you ("Patient") and Sun Valley Rise, PLLC - Concierge Nursing Care ("Sun Valley Rise") regarding the services you have requested and we will provide for you. If you have any questions, concerns or issues about the content of this Agreement please contact us for clarification before signing it.

- **CONSENT TO RECEIVE SERVICES**

I hereby authorize Sun Valley Rise to render appropriate home care services to the patient named above. I understand an appropriate level of home care personnel will provide such care. I recognize and agree that I have the right to refuse treatment or terminate services at any time by notifying the Sun Valley Rise care team. In addition, Sun Valley Rise may terminate service by notifying me of termination and the reason.

I authorize Sun Valley Rise to conduct a nursing assessment, a home safety assessment and provide medical and non-medical services.

The services provided which Sun Valley Rise will provide have been explained to me and I understand that the undersigned and/or Client may refuse treatment within the confines of the law after being informed of the consequences of such actions.

- **AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES**

At any time while receiving services from Sun Valley Rise, and in the event of any medical emergency, I authorize Sun Valley Rise or its nursing staff/contractors to provide or obtain such medical treatment as they deem advisable under the circumstances, and I agree to assume sole responsibility for all charges for such treatment.

- **RELEASE OF MEDICAL RECORDS**

I give consent and authorization for release of medical information to Sun Valley Rise by physicians and other health care providers, facilities and similarly I authorize Sun Valley Rise to release copies of my medical records, reports or summaries as may be relevant to other health care providers for the purpose of continuing and coordinating my home care plan and for quality assurance purposes.

- **ASSISTANCE WITH MEDICATIONS**

I have been informed by Sun Valley Rise that I may be receiving assistance with self-administration of medication. Check if **NOT APPLICABLE:** ☐

- **ADVANCE DIRECTIVES / DNR (DO NOT RESUSCITATE) ORDERS**

I understand that it is my responsibility to provide Sun Valley Rise Concierge Nursing Care with a copy of any Do Not Resuscitate order signed by my physician and any advance directive I may have.

I HAVE ADVANCE DIRECTIVES: ☐

I DO NOT HAVE ANY ADVANCED DIRECTIVES: ☐

- **SERVICE RATES, FEES & DEPOSITS**

The undersigned (herein referred to as ""Client"" or ""Guarantor'') wish to enter into this Financial Responsibility Agreement (the ""Agreement'') with Sun Valley Rise, PLLC (""Provider'') to provide the Client with home care and/or nursing services.

The minimum shift length is 4 hours unless we can accommodate fewer than 4 hours.

If multiple service types or hours are requested, or if the service request changes, the rates may change accordingly.

Rates for services are subject to review from time to time, but increases will be subject to at least a four-week advance notice.

- **HOURLY CARE**

Nursing care, in the home, by registered nurse, per hour - \$150.00 per hour

- **TRAVEL CHARGE APPLICABLE?**

YES: ☐ NO: ☐

- **BILLING**

Our billing period begins on Sunday and ends on Saturday. You will receive an invoice from Sun Valley Rise, PLLC by your preferred method bi-weekly. All balances are due within 7 days. Credit card authorizations will be processed at the time your invoice is created.

- **YOUR PREFERENCES FOR RECEIVING INVOICES:**

Mail to Patient's Home: ☐

Mail to Other Address: ☐

Address: _____

Email: ☐ Email address: _____

- **SOURCE OF PAYMENT:**

Check: ☐

Credit/Debit Card: ☐

Automatic Payment (Fill Out Credit Authorization Form Below): ☐

Credit/Debit Card Self Payment (Receive an electronic invoice and make payment yourself): ☐

- **PATIENT INSURANCE – Sun Valley Rise does not accept insurance. You may submit to your insurance carrier.**

- **TRANSPORTATION POLICY & CHARGES**

Sun Valley Rise, PLLC does not permit the transportation of any patient in the staff member's personal vehicle or company vehicle UNLESS the Sun Valley Rise, PLLC "Private Transportation Release" is signed.

If a Sun Valley Rise staff member is required to drive the patient's vehicle, that vehicle shall be insured **without limitations on the Personal injury Protection (PIP)** and the patient hereby releases Sun Valley Rise and/or that staff from all liability should an injury or accident occur.

If the staff/contractor of Sun Valley Rise drives her/his own vehicle in order to perform service(s) (without the patient as an occupant), the patient will not be charged extra for this service.

It is the responsibility of the patient to pay for directly any expenses incurred in the course of providing services, such as tolls and parking.

- **PATIENT VEHICLE RELEASE**

Should I permit a Sun Valley Rise staff/contractors to operate my automobile, I understand and agree that it is my responsibility to maintain automobile liability insurance at the minimum level established by the state covering my automobile and authorized drivers, including Sun Valley Rise staff/contractors.

Furthermore, I understand and agree that Sun Valley Rise does not provide insurance coverage under any circumstances for any damages to my automobile, bodily injury or damage to property resulting from the use of my automobile by Sun Valley Rise staff/contractors.

I hereby release Sun Valley Rise staff/contractors assigned to me, and hold Sun Valley Rise and such staff/contractors harmless and indemnify them from any claim, liability, or cause of action for any injury to my person (including death), bodily injury to a third party, or property damage resulting from the use of an automobile (whether or not owned by me) if operated by a Sun Valley Rise staff/contractor, whether or not prior authorization from the Sun Valley Rise team has been obtained.

- **CANCELLATIONS**

Cancellations may be made up to 24 hours in advance of a scheduled visit without charge. We reserve the right to charge for a scheduled visit if insufficient notice is given.

In the event that a referred nurse fails to arrive at the care recipient's home, we will make every effort to find a replacement as quickly as possible. If a replacement is not found or if the caregiver alters the predetermined weekly schedule in some way, we will adjust the amount that you are billed accordingly.

- **LIGHT HOUSEKEEPING DEFINED**

The nursing staff is not required to provide a general housekeeping service. Typical "light" housekeeping tasks to be provided by the nurse would include:

- a. tidying up of rooms in which the care recipient spends his/her time (bedroom, living room, kitchen)
- b. washing dishes after meals (wiping spills on sink or floor, "spot cleaning")
- c. sweeping kitchen floor when needed, passing the vacuum in rooms used by care recipient
- d. tidying bathrooms after use by care recipient (rinsing tub or shower after use, wiping spills on sink or floor).

It is recommended that you hire an independent cleaning service for tasks such as scrubbing floors in kitchen and bathrooms, window or mirror washing, dusting behind and under furniture, drape cleaning and heavy laundry.

- **NOTICE OF PRIVACY PRACTICES**

I consent to let Sun Valley Rise, PLLC use and disclose health information about me as described in the Notice of Privacy Practices. In doing so I am consenting to the use and disclosure of health information about substance abuse, psychiatric care, or HIV, if applicable.

The complete Sun Valley Rise, PLLC Notice of Privacy Practices can be found at our website.

- **PATIENT RIGHTS AND RESPONSIBILITIES**

Home care patients and their staff have a right to not be discriminated against based on race, color, religion, national origin, age, sex, or handicap. Furthermore, patients and caregiver's have a right to mutual respect and dignity, including respect for property.

Caregivers are prohibited from accepting personal gifts or borrowing from patients.

The complete Patient Rights and Responsibilities can be found at our website.

- **SEVERE / BAD WEATHER**

In severe weather, we may determine it is not safe for our nursing staff to travel and provide services to your home that day and may have to cancel that day's service. When this occurs we will notify you and reschedule. We appreciate your understanding regarding this matter.

- **TERMINATION OF SERVICES**

I have the right to reasonable, advance notice of changes in services, including at least a 30 day advance notice of the termination of a service by Sun Valley Rise, PLLC, except in cases where:

- an abusive or unsafe work environment for the individual providing home care services exists;
or

- an emergency for the caregiver or a significant change in the patient's condition has resulted in service needs that exceed the current agreement and cannot safely be met by Sun Valley Rise staff/contractors.

- **ACKNOWLEDGEMENT OF RISKS**

I fully acknowledge that I have not hired Sun Valley Rise to provide personnel to be by the patient's side during every minute of the shifts I am requesting. As such, I understand that the duties of Sun Valley Rise personnel entail many activities that require such personnel to leave the patient's side (eg. including but not limited to preparing a bath, preparing clothing) and often times to leave the patient's immediate vicinity (eg. to cook or clean within the home) and/or leave the patient's home (eg. to shop outside the home).

Similarly, if patient refuses care or disallows any Sun Valley Rise staff/contractor from doing their job, included but not limited to, assisting with ambulation or assisting in ways that are necessary to prevent injury, the Sun Valley Rise staff/contractor cannot use physical force to assist and must respect the patient's right to refuse care under the Patient Bill of Rights.

Sun Valley Rise staff/contractors are not responsible for any resulting harm, injury or death that may result thereto. Accordingly, I fully acknowledge that there are risks that are not possible to eliminate and therefore it is not the responsibility of Sun Valley Rise to eliminate such risks. Such risks may include but are not limited to the risk of falling, wandering, over-medication and choking, all of which may lead to serious injury or even death.

- **FINANCIAL RESPONSIBILITY**

I understand that I am financially responsible for all charges and agree to pay for services. My failure to provide the necessary information to Sun Valley Rise, PLLC will make me personally responsible for all charges related to the care provided.

The undersigned, hereby authorizes payment directly to Sun Valley Rise, PLLC for all services provided and for medical expenses that I may incur.

This is irrevocable unless terminated by mutual agreement of the Patient and Sun Valley Rise, PLLC.

SIGNATURE PAGE

Effectiveness & Date:

This agreement will become effective when all parties have signed it. Each party is signing this agreement on the date stated opposite that party's signature.

PATIENT

Date: _____

Patient (Print Name): _____

Patient- Signature: _____

If patient has medical durable POA (power of attorney), person who holds this title will print and sign name below:

Durable Power of Attorney of record (Print name): _____

Durable Power of Attorney of record - Signature: _____

SUN VALLEY RISE, PLLC

Date: _____

Print Name (Managing Partner/Representative): _____

Signature (Managing Partner/Representative): _____