



Hand in Hand Care

Care Management and Concierge Nursing

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Agreement for Services

This is an agreement for _____ (“Care Recipient”) to receive Geriatric Care Management and Nursing Services from Hand in Hand Care, LLC (hereinafter referred to as “HIHC”). This agreement is authorized by _____ (“Client”). HIHC and Client may be collectively referred to as the “Parties”. The above-listed Client takes full responsibility for any and all payments due for services and care provided to the Care Recipient. HIHC and Client enter into this agreement on _____ day of _____, 20_____.

The Parties hereby agree and contract as follows:

1. General Terms

The Client hereby grants HIHC the authority to provide Geriatric Care Management and Nursing Services to _____ (“Care Recipient”). The relationship between the Client and Care Recipient is defined as _____.

Geriatric Care Management / Nursing Oversight

Initial Geriatric Care Assessment includes evaluating the Care Recipient’s physical safety, environmental conditions, medical history, nutrition, cognitive condition, social network, and functional abilities related to activities of daily living. This process requires approximately two (2) hours, depending on the number of family members involved and the circumstances surrounding the assessment.

Family Consultation and Care Coordination Review may be conducted with an individual and/or a group of family members. The goal of this meeting is to provide information regarding referrals, aging education, and to facilitate care planning and assignments.

Ongoing Care Management Services include, but are not limited to, implementing the care plan; advocating for the Care Recipient at physician appointments; researching options for care; arranging for services; monitoring services; providing verbal or written reports via telephone or email. All Ongoing Care Management Services provided shall be considered billable time.

Nursing Oversight includes, but is not limited to, reviewing activities of daily living (ADL’s); medication management; ongoing oversight of physical wellbeing; use of nursing judgement; nutritional review; recreational therapy; and wound evaluation. All Nursing Oversight provided shall be considered billable time.

2. Payment

The Client and his/her Guarantors agree to pay professional fees in accordance with the HIHC Fee Schedule attached hereto and made part of this Agreement for Services.

Billing shall be based on services to begin on _____ day of _____, 20_____.

Services will be billed monthly, but may be changed to bi-weekly at the discretion of HIHC. Payments are due/payable upon receipt. If the Client terminates this agreement, all payments are due immediately. Services will be discontinued if payment is more than sixty (60) days past due but may be reinstated upon receipt of payment in full.

3. Confidentiality

HIHC agrees that all private information obtained about the Care Recipient, Client or Client's family/relatives, including but not limited to medical, financial, legal, career and asset information shall remain strictly confidential and may not be disclosed, except as noted herein. HIHC complies with all applicable federal and Florida privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). A copy of HIHC's Notice of Privacy Practices is available upon request.

By executing this Agreement, the Client, acting on his/her own behalf or on the behalf of the Care Recipient, consents to the release of information by HIHC to individuals acting in official capacities, including Care Recipient advocate(s), representative(s) of third-party payers, law enforcement, or other health care providers involved in the Care Recipient's care.

The Client authorizes HIHC to release the Care Recipient's protected health information to the following person(s): _____.

4. Hold Harmless

The Client agrees to hold HIHC harmless for services provided, except to the extent such claims arise from gross negligence or willful misconduct by HIHC. Services include, but are not limited to, ADL's, medication management, nursing oversight, recommendations based on best practices, transportation, wound care, referrals of independent contractors, companies providing contracted services. The Client, Care Recipient, heirs, successors and all other parties involved shall hold HIHC harmless from and against all claims, damages, lawsuits, charges, liabilities, costs and expenses (including legal fees) arising as a result of services provided. This includes injury to the Care Recipient, a third party, and personal property damage related to the use of an automobile or any other personal property (whether or not owned by the Client or Care Recipient) if operated by a HIHC employee/subcontractor.

5. Client Rights

The Care Recipient and Client have the right to be treated with courtesy, dignity, and respect; to participate in care planning; to refuse services; to voice grievances without retaliation; and to receive services without discrimination based on race, color, religion, sex, age, national origin, disability, or marital status. Complaints regarding services may be directed to HIHC management and, if applicable, to the Florida Agency for Health Care Administration (AHCA).

6. Termination of Agreement

The Parties shall have the right to terminate this Agreement at any time. The Care Recipient has the right to refuse treatment or services at any time.

Client Signature

Date

Client Printed Name

Client Phone No.

Client Mailing Address, City, State, Zip Code

Client E-Mail Address

Signature of Authorized HIHC Representative

Date

Printed Name of Authorized HIHC Representative