



Lisa Robins, RN, BSN

in association with

# Hand in Hand Care

Care Management and Concierge Nursing

(941) 363-1809 info@handinhandcare.net

## Skilled Nursing Care Consent Form

I, \_\_\_\_\_ authorize **Lisa Robins, RN, BSN** (or covering **Registered Nurse**) to provide the following skilled nursing service(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby request and authorize services to be provided by **Lisa Robins, RN, BSN**, or a covering **Registered Nurse**, in affiliation with **Hand in Hand Care, LLC**. I acknowledge that the nature, scope, and purpose of the services to be provided have been explained to me, and that all questions and concerns I have raised have been answered to my satisfaction.

I further acknowledge and agree that payment for all services rendered is due at the time services are provided, unless otherwise agreed to in writing.

I understand that I may contact **Lisa Robins, RN, BSN**, or the nurses affiliated with Hand in Hand Care, LLC after receiving treatment with any questions or concerns.

I understand that nursing services are provided within the nurse's licensed scope of practice. I acknowledge that the nurse is not responsible for outcomes beyond that scope and is not liable for unforeseen adverse reactions or events that may occur despite appropriate care being provided.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Providing Nurse's Signature

\_\_\_\_\_  
Date