# 1<sup>ST</sup> NURSE REGISTRY

# **Client Agreement**

The parties,	and 1ST NURSE REGISTRY agree that 1ST
NURSE REGISTRY shall have the right to:	

- 1. Conduct a client assessment to determine the service requirements and determine the client needs.
- 2. Contact and/or consult and or release information with the client's physician, other care providers assisting the client and other health or social care agencies involved in assisting the client in matters directly related to the care of the client.
- 3. Refuse or discontinue service immediately if a client poses a health or safety risk to the Independent Contractor Caregiver, is abusive or discriminatory, or refuses to allow the delivery of services.
- 4. To arrange at the client's expense emergency treatment or emergency transportation to a hospital.
- 5. To arrange additional care as deemed necessary by the assessment nurse.
- 6. To give reminder or assistance with self-administration of medication.
- 7. To follow 1<sup>ST</sup> NURSE REGISTRY'S policies and procedures.
- 8. To perform only those duties which fall within their scope of practice.

### **CLIENT'S RIGHTS**

# 1<sup>ST</sup> NURSE REGISTRY agrees that client has the right to:

**Confidentiality**—all matters concerning your medical and personal affairs are kept in the strictest confidence. **Respect**—your right to be treated as an individual with the dignity, respect and consideration deserved by all. Includes respect for your property and personal affairs.

Communication—we welcome your feedback, grievances and suggestions through any communication channel.

**Freedom from discrimination**—of any type including age, religion, handicap, ethnicity, or sex.

**Empowerment**—to make choices, to have a voice, to be heard.

**Self-sufficiency**—we are not replacing you, we are assisting you to the best of our ability.

**Responsible Care**—as provided by compassionate Independent Contractor Caregivers that have been screened and trained to deliver outstanding care.

#### **COMPANY RIGHTS**

#### The client agrees to the following:

- 1. Ensure a safe and healthy work environment including pet control and second hand smoke if the Independent Contractor Caregiver issues a concern.
- 2. All forms, charts and service plans left at the client's residence are the property of the Company and are to be made available to the Independent Contractor Caregiver.
- 3. All forms, charts and service plans are to be returned to the Company upon termination of service.
- 4. Provide all supplies required for personal living, medical requirements, meal preparation and housekeeping.
- 5. Not offer gifts, money, or property of any kind to the Independent Contractor Caregiver.
- 6. Not arrange or modify service with the Independent Contractor Caregiver without consent of the Company.
- 7. Notify the Company 48 hours prior to any shift change, cancellation, or termination of services.
- 8. Not employ an Independent Contractor Caregiver of the Company for a period of 1 year following termination of service.

- 9. Notify the Company of any Independent Contractor Caregiver or service concerns.
- 10.1ST NURSE REGISTRY is committed to the **SCHEDULE OF SERVICES** based on 1<sup>ST</sup> NURSE REGISTRY'S assessment and/or physician's order.
- 11.Client shall have a personal emergency plan in case of an emergency/disaster or some reason beyond the Registry's control.

## **PAYMENT INFORMATION**

**The client agrees** to the following payment terms:

- 1. Charges for services will be conveniently billed weekly. (The 1<sup>st</sup> Monday of each week).
- 2. Charges for services provided by the Independent Contractor Caregiver are billed at the established rate plus any additional authorized expenses.
- 3. Payment is due upon receipt of the invoice. The client agrees to pay for the services promptly.

## **AGREEMENT SIGNATURES**

This agreement made this day of, 20 IN WITNESS WHEREOF the parties hereto have duly executed the within Agreement the day and year first above written.
Print Name (1st Nurse Registry REPRESENTATIVE)
Signature (1st Nurse Registry REPRESENTATIVE)
Client or Guardian, Power Of Attorney, Public Trustee Full Name
Client or Guardian, Power Of Attorney, Public Trustee Signature