Stay Well Home Health Care

11710 Plaza America Drive, Suite 2000, Reston, Virginia 20190
Agency Phone: (703) 955-3118 Agency Fax: (703) 871-5031

SERVICE CONSENT FORM

I hereby grant permission to **Stay Well Home Health Care** to provide **HOME CARE SERVICES** to:

Client Name: _____DOB_____
Street Address: _____City/Sate/Zip: _____

☐ Personal Assistance Service (Primary Home Care, Community Based Alternatives, Self Pay)

☐HIPAA: The Notice of Privacy Practices provides information about how the Agency may use and disclose health information about my care in accordance with new federal privacy regulations. Specifically, the Agency may disclose information regarding my health care to the following family members / caregivers:_____
_____
_____

I acknowledge that I have received the agency's Notice of Privacy Practices_____
Clients Initials

☐ Authorization is hereby given for the release of any and all medical information from my record, while I was a patient of a hospital, nursing home, private physician or other social services organizational to Stay Well Home Health Care It is understood that the exchange of such information is necessary to effect a comprehensive health plan on my behalf.

Living Will
☐ Yes ☐ No
☐ Copy Obtained ☐ Wants to execute one

Medical Durable Power of Attorney
☐ Yes ☐ No
☐ Copy Obtained ☐ Wants to execute one
Name/Phone: _____

☐This is to certify that I have received the Client Information Handbook that contains the following:

- Facts about Home Care Services
- Statement of Patient Rights and Responsibilities
- Rights of the Elderly (if applicable)
- Attendant Service Information
- Drug Testing Policy
- Home Safety Assessment
- Policy on Abuse, Neglect and Exploitation
- Advanced Medical Directives
- Handling of Complaints
- Emergency Plan
- Disposal Tips / Infection Control
- Guidelines for Identifying and Reporting Victims of Abuse and Neglect
- Other: _____

Important Numbers: Emergency Services 911 Ambulance Service:_____

Physician Name: _____Phone:_____

Name of Closest Relative not living with you:_____ Phone:_____

Address:_____Relation:_____

Client Signature:_____ Date:_____

Client Rep. Signature: _____Date: _____ Reason unable to sign _____

Agency Representative Signature:_____