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Caring For Your Elderly Relatives—Applications

Sample Caregiver Agreement

As an alternative to a nursing home or your home, you and your elderly relative may decide that it is feasible for him or her to stay in his or her own home and hire a home health care provider. It is important to establish a relationship of respect between your elderly relative and the caregiver. One of the methods of enforcing your elderly relative's rights to be treated with respect is to have the caregiver sign an agreement. In some instances, the caregiver will already have a similar agreement for your relative to sign. Some states also have statutes that list the rights of home health care recipients. These statutes may provide you with additions to the following agreement.

The following agreement can be used to either negotiate an appropriate arrangement with your relative's caregiver, or as a comparison tool, should your caregiver present a similar document.

HOME HEALTH CARE AGREEMENT

_____ [The name of the home health care agency] AGREES TO:

1. Notify _____ [The name of your elderly relative and/or the name of the decision-maker] of all charges for services rendered to _____ [The elderly relative's name] and the extent to which they are covered by any third party.
2. Upon request, advise _____ [The name of your elderly relative and/or the name of the decision-maker] of all billing procedures.
3. Upon request, provide _____ [The name of your elderly relative and/or the name of the decision-maker] an itemized copy of each bill submitted to any third party.
4. Upon request, advise _____ [The name of your elderly relative and/or the name of the decision-maker] of the full name of any person who provides care to _____ [The name of your elderly relative].
5. Upon request, advise _____ [The name of your elderly relative and/or the name of the decision-maker] of the name of the healthcare provider's supervisor and how to contact that person.

6. Upon request, inform _____ [The name of your elderly relative and/or the name of the decision-maker] how to make a complaint about any service provided by _____ [The name of the home health care agency].
7. Address any complaints made by _____ [The name of your elderly relative and/or the name of the decision-maker] without resultant intimidation or discrimination.
8. Provide _____ [The name of your elderly relative and/or the name of the decision-maker] with a reasonable response to any complaints made to _____ [The name of the home health care agency].
9. Advise _____ [The name of your elderly relative and/or the name of the decision-maker] of any changes in _____ [The name of the home health care agency] licensing, certification, or accreditation.
10. Provide _____ [The name of your elderly relative and/or the name of the decision-maker] with a choice in deciding who provides care to _____ [The name of your elderly relative].
11. Upon request, allow _____ [The name of your elderly relative and/or the name of the decision-maker] to take an active role in creating a care plan for _____ [The name of your elderly relative].
12. Allow _____ [The name of your elderly relative and/or the name of the decision-maker] to refuse any or all of the treatment, care, or services _____ [The name of the home health care agency], its employees, or agents determine _____ [The name of your elderly relative] should receive.
13. Notify _____ [The name of your elderly relative and/or the name of the decision-maker] at least one month in advance if services are going to be terminated or reduced.
14. Treat _____ [The name of your elderly relative] with courtesy and respect.
15. Protect _____ [The name of your elderly relative] against theft by _____ [The name of the home health care agency] and any of its agents or employees.
16. Protect _____ [The name of your elderly relative] against physical abuse, neglect or exploitation by _____ [The name of the home health care agency] or any of its agents or employees.

17. Protect _____ [The name of your elderly relative] from the use of any type of restraint except for those authorized by _____ [The name of your elderly relative and/or the name of the decision-maker].
18. Maintain the privacy of _____ [The name of your elderly relative]'s treatment.
19. Maintain the confidentiality of _____ [The name of your elderly relative]'s personal, financial, and medical information and records.
20. Only allow _____ [The name of your elderly relative] to be treated by individuals who are trained and competent, and who will not pose a threat to his/her well being.

_____ [The name of your elderly relative and/or the name of the decision-maker] AGREES TO:

1. Provide complete and accurate information relevant to any care plan for _____ [The name of your elderly relative].
2. Participate in the planning and management of the care of [The name of your elderly relative] to the extent feasible.
3. Treat all service providers with respect.

Signatures.