



## **Consent Agreement**

I, \_\_\_\_\_, hereby authorize [Business Name], its nurses, caregivers, and staff to provide private-duty nursing or in-home health services deemed necessary for my health and wellbeing.

### **I understand:**

- The services provided will be discussed with me or my authorized representative.
- I may refuse treatment at any time.
- I may withdraw this consent at any time in writing.

### **I acknowledge:**

- I have been informed about the nature and scope of services provided.
- I agree to follow the care plan as outlined by my provider.
- I understand I am financially responsible for services not covered by insurance.

## **Signature**

Patient or Authorized Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_