

EBGCARES NURSING CONCIERGE SERVICES

Client Consent to Care

Client Information

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Consent for Care

I, the undersigned, authorize **EBG Nursing Concierge Services** and its licensed nursing staff to provide professional in-home nursing and caregiving services for my health, comfort, and well-being.

Services may include, but are not limited to:

- Nursing assessments and monitoring
- Medication support and management
- Health education and guidance
- Wound care and treatment support
- Vital sign monitoring
- Personalized care services as needed

I understand that all care will be delivered with compassion, professionalism, and respect for my dignity and privacy.

Client Rights & Acknowledgment

By signing this form, I acknowledge that:

- I have the right to ask questions about my care at any time.
 - I may withdraw my consent for services by submitting written notice.
 - This consent remains valid for the duration of my care unless revoked.
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Privacy & Confidentiality

EBG Nursing Concierge Services is committed to safeguarding your personal and medical information.

We strictly follow **HIPAA privacy standards**, ensuring:

- Your health records remain private and secure.
 - Your information is shared only when necessary for care or required by law.
 - You have the right to access or request updates to your health information.
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Payment Agreement

I understand that all services are provided on a private-pay basis and require payment at the time of service. Accepted payment methods include credit card, cash, and secure electronic payment.

Failure to provide payment may result in the rescheduling or cancellation of services.

Authorization to Share Information

I authorize EBG Nursing Concierge Services to communicate and share relevant care information with my healthcare providers, emergency contacts, or insurance representatives when necessary for my care.

Client Signature: _____

Date: _____