



## AGREEMENT FOR SERVICES

Aging by Design, LLC (hereinafter "AbD") provides care management consultation and services, which may include assessment of the Client's needs, location and coordination of services to assure quality and continuity. The nature of AbD is to work with the Clients to recommend certain services which it believes to be in the best interests of its Clients. However, these recommendations are based on the information given at the time of consultation and AbD relies on those representations to give premium service to its Clients. These recommendations are not meant to bind AbD into a contract between the Client and any third party.

### Release and Hold Harmless

AbD may recommend services and goods from third parties to ensure its Clients needs are met. The undersigned Client fully understands and agrees to hold AbD harmless and release AbD, including its directors, officers, agents, stockholders, employees, subsidiaries, servants, heirs, executors, administrators, successors, predecessors, assigns, from any perceived wrongdoing, personal injury, negligence, claim, dispute, action, causes of action, damages, demand or lawsuit involving actions of any third party named in the recommendations given.

### Fees and Costs

The fee for the initial consultation is \$\_\_\_\_\_. Based on the assessment, if further assistance is needed than the fees for care management services are \$\_\_\_\_\_ per hour. This includes all time involved, including travel time, telephone calls and consultations with other professions involved. Costs and expenses advanced such as long distance phone charges, photocopy charges and delivery services, will be itemized and billed. Invoices will be sent monthly. Payment is due upon receipt.

### Termination

Termination of this agreement may be effected by the receipt of written notice served on either party. Should AbD by Design, LLC terminate services, referral to another resource will be given. The termination of the agreement by the Client will forfeit any claim to the initial consultation fee. At the time of termination AbD will send the Client a last bill for any and all services provided prior to termination.

The undersigned fully understands the nature of the services provided by AbD gives consent for such services and agrees to be responsible for agency payment of fees. AbD is not bound by any agreements signed by the undersigned with any third parties.

All agreements and understandings between the parties hereto are embodied and expressed herein and the terms of these agreements are contractual and not mere recitals.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

Phone H:(\_\_\_\_\_) \_\_\_\_\_

W:(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Effective Date



**RELEASE FORM**

To: \_\_\_\_\_ and his/her designees  
Aging by Design, LLC

I hereby agree to release Aging by Design, LLC (hereinafter "AbD") and his/her designees from any and all liability regarding services provided by a third party (any company not AbD) recommended by AbD. AbD may recommend services and goods from third parties to ensure its Clients needs are met. The undersigned Client fully understands and agrees to hold AbD harmless and release AbD , including its directors, officers, agents, stockholders, employees, subsidiaries, servants, heirs, executors, administrators, successors, predecessors, assigns, from any perceived wrongdoing, personal injury, negligence, claim, dispute, action, causes of action, damages, demand or lawsuit involving actions of any third party named in the recommendations given

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Effective Date



**AUTHORIZATION FOR RELEASE OF  
CONFIDENTIAL INFORMATION**

To: \_\_\_\_\_

Re: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Other Identifying Information \_\_\_\_\_

Specific Information Requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the release of any social, medical, financial and/or psychiatric information about me to:

\_\_\_\_\_  
Aging by Design, LLC

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

The Agency named above may release and discuss any social, medical, financial and/or psychiatric information, which they deem pertinent to their evaluation, and/or ongoing care management.

\_\_\_\_\_  
Client or Responsible Party

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone



**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

To: \_\_\_\_\_

Re: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I here by authorize you to verbally share and/or release copies of the information indicated below to:

\_\_\_\_\_  
Aging by Design, LLC

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_ Medical Records and Reports

\_\_\_\_\_ Tests and Evaluations

\_\_\_\_\_ History and Physical

\_\_\_\_\_ Discharge Summary

\_\_\_\_\_ Other \_\_\_\_\_

I understand this information is necessary to evaluate, arrange and coordinate services on my behalf and release the above named parties from liability for the exchange of information between themselves.

\_\_\_\_\_  
Client or Responsible Party

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone



## E-MAIL CONSENT

To: \_\_\_\_\_

Re: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Risk of using Email. Aging by Design offers clients the opportunity to communicate by e-mail. Transmitting client information by e-mail, however, has a number of risks that clients should consider before using e-mail. These include, but are not limited to, the following risks:
  - a. E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
  - b. E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
  - c. E-mail senders can easily misaddress an e-mail.
  - d. E-mail is easier to falsify than handwritten or signed documents.
  - e. Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
  - f. Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
  - g. E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
  - h. E-mail can be used to introduce viruses into computer systems.
  - i. E-mail can be used as evidence in court.
  
2. Conditions for the use of Email. Aging by Design will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, Aging by Design cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by Aging by Design intentional misconduct. Thus, clients must consent to the use of e-mail for client information. Consent to the use of e-mail includes agreement with the following conditions:
  - a. All e-mails to or from the client concerning the Assessment or Plan of Care will be made part of the client's record. Because they are a part of the record, other individuals authorized to access the record, such as staff and billing personnel, will have access to those e-mails.
  - b. Aging by Design may forward e-mails internally to Aging by Design staff and agents as necessary for Assessment, Plan of Care, reimbursement, and other handling. Aging by Design will not, however, forward e-mails to independent third parties without the client's prior written consent, except as authorized or required by law.
  - c. Although Aging by Design will endeavor to read and respond promptly to an e-mail from the client, Aging by Design cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the client shall not use e-mail for emergencies or other time-sensitive matters.
  - d. If the client's e-mail requires or invites a response from Aging by Design, and the client has not received a response within a reasonable time period, it is client's responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
  - e. The client should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse.



- f. The client is responsible for informing Aging by Design of any types of information the client does not want to be sent by e-mail, in addition to those set out in 2(e) above.
  - g. The client is responsible for protecting his/her password or other means of access to e-mail. Aging by Design is not liable for breaches of confidentiality caused by the client or any third party.
  - h. Aging by Design shall not engage in e-mail communication that is unlawful.
  - i. It is the client's responsibility to follow up and/or schedule an appointment if warranted.
3. Instructions
- To communicate by e-mail, the client shall:
- a. Limit or avoid use of his/her employer's computer.
  - b. Inform Aging by Design of changes in his/her e-mail address.
  - c. Put the client's name in the body of the e-mail.
  - d. Include the category of the communication in the e-mail's subject line, for routing purposes (e.g. billing question).
  - e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Aging by Design
  - f. Inform Aging by Design that the client received an e-mail from Aging by Design.
  - g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
  - h. Withdraw consent only by e-mail or written communication to Aging by Design.
4. Client acknowledgement and agreement
- I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between Aging by Design and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Aging by Design may impose to communicate with clients by e-mail. Any questions I may have had were answered.

\_\_\_\_\_  
Client or Responsible Party

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone