

**Client /Family Responsibilities**

The admitting nurse, under the direction of a physician, is responsible for:

1. Determining that the client’s clinical needs can be met at home.
2. Developing the plan of care in conjunction with the client/family.

Client/Family will be responsible for:

1. Providing a supportive environment for the client and staff.
2. Notifying agency when client is unavailable for the agreed upon times.
3. Supplying agency with an accurate and complete client medical history.
4. Following the Care Plan as written.
5. Notifying agency if Care Plan instructions are unclear or difficult to follow.
6. Treating all staff respectfully.
7. Providing a safe living environment for the client and staff. This includes:
   * No accessible or visible weapons. All weapons must be locked and guns must be stored unloaded.
   * No verbal abuse or threats
   * No harassment (including comments or sexual innuendos)
8. Notifying agency if client/family member has a contagious illness **before** staff arrive. Contagious illnesses include: measles, flu, chicken pox, etc.
9. Caring for the client if agency is unable to provide staff because of unforeseen illnesses (client’s or staff’s), inclement weather, other emergencies, or repeated non-acceptance of staff.
10. Providing reliable and insured vehicle (or compensation for costs related to staff-provided vehicle) when transportation is in client’s authorized care plan.
11. Securing client’s personal belongings and financial resources. All staff are expected to treat clients’ homes/belongings respectfully.

To help ensure the safety of client’s belongings, client/family:

\_\_\_\_\_\_\_ Will secure money and valuable property

\_\_\_\_\_\_\_ Will not give or loan any personal property to staff

\_\_\_\_\_\_\_ Will not provide staff with access to client’s valuable personal belongings, cash, financial information, checks, cash cards, etc (unless specifically included in the care plan)

\_\_\_\_\_\_\_ Will report all suspected theft or damage claims to agency for a thorough investigation

NOTE: Staff is **not allowed** to:

\_\_\_\_\_\_\_ Accept additional compensation – including tips, gift cards, or other gifts

\_\_\_\_\_\_\_ Remove or borrow items from a client’s home

\_\_\_\_\_\_\_ Take responsibility for client’s financial resources unless it is specified in the care plan

\_\_\_\_\_\_\_ Provide services or take care of people who are not listed in the care plan.

Agency will not be held liable if client/family voluntarily gave employee access or did not take reasonable efforts to secure the item(s). \_\_\_\_\_\_\_\_\_

Agency will not be held liable for accidental damage to client/family’s personal property. \_\_\_\_\_\_\_\_\_

Client/Family will accept personal responsibility for paying all charges for services accepted by client which are not covered by your insurance. \_\_\_\_\_\_\_\_\_

Client/Authorized Person Signature Date

Admitting Nurse Signature Date