



To whom it may concern:

Greetings!

My name is Russell Arayata, owner and CEO of RPA Consulting.

We at RPA are thrilled to be bringing you into our network of resources.

Please return a signed copy of this letter, we will be able to get you set up with hospice or home health providers.

Should you have any questions, please feel free to call or message me as I am always happy to assist. It brings me great joy knowing that I can do what it takes to best meet your needs.

Call: 510.894.5254

Email: ask@rpaconsulting.co

Sincerely,

Russell Arayata

43290 Christy St.,

Fremont, CA 94538

X _____

Client's Name (Printed)

X _____

Client's Name (Signed)



Consent for Care and Services Agreement

CONSENT FOR CARE/SERVICE

I hereby consent and authorize the organization, its agents and associates to provide care and assistance to me in my home as agreed upon by myself and the representatives. I understand that I must have an attending physician at all times for the duration of this agreement, unless the organization determines otherwise. I have received an explanation of the services to be provided (including disciplines, proposed frequency of visits and anticipated outcomes), my involvement with the plan of care, and how changes will be made if needed. This includes that representatives are not obliged to touch or provide direct patient treatment to me. Further, I understand that I and/or my family/caregiver will be responsible for my care in the absence of the staff.

LIABILITY FOR PAYMENT

I certify that I am responsible for making all payments in a timely manner and that these payments will be made either in cash or in checks payable to _____.

ACKNOWLEDGEMENT OF INFORMATION

I have received verbal and written information regarding:

- My Representative(s)
- Services Provided by the Organization
- Statement of Patient Privacy Rights

This acknowledgement of consent is applicable to this admission to the organization. I understand what I have read and what was explained to me and agree to the terms and conditions as above. Additionally, I understand that either party may terminate this agreement for any reason at any time.

SIGNATURES:

Client Signature

Date

Client Print

Organization Signature

Date

Organization Print



RPA Consulting LLC

43290 Christy St. | Fremont, CA 94538

(510) 894-5254 | Tax I.D. 82-3802580

Your Plan for Home Care

What is your goal that home health can assist you with?

Your Representative(s): _____

Services to be provided by your representatives: _____

Special Instructions we need to know regarding your health or home care:

If you have concerns, compliments, or complaints – let us know!

Please ask for our CEO, Russell Arayata.

Phone Number: (510) 894-5254

Email: russell.arayata@arjpharma.com

Organization Name: RPA Consulting LLC

Address: 43290 Christy St. Fremont, CA 94538