SERVICE AGREEMENT

Concierge RN Service Agreement

Djemimar Brutus, RN-MSN

Phone: (267) 774- 0919

Email: carepartner@bucksmedrn.com

---

1. PURPOSE

This agreement outlines non-emergency, in-home nursing support services provided by a Registered Nurse in Pennsylvania.

Services are supportive and educational in nature and do not replace medical care.

---

2. SERVICES

May include:

- Medication setup & education
- Wellness/safety checks
- Post-discharge support

---

3. NOT MEDICAL CARE

- No diagnosing or prescribing
- Not a substitute for physician care
- Emergencies → call 911

4. CLIENT RESPONSIBILITY

Client agrees to:

- Provide full and accurate health info
- Follow up with providers as needed
- Maintain safe environment

---

5. SCHEDULING & CANCELLATIONS

A minimum of **24-hour notice** is required to cancel or reschedule an appointment

Cancellations made less than 24 hours before the appointment:

- A **$50 late cancellation fee** will be applied
- Any prepaid amount will be **refunded minus the $50 fee**

No-show appointments:

- The **full payment is non-refundable**

---

6. Payment

- Services are **private-pay only**
- **Full payment is required at the time of booking** to secure your appointment
- Cancellations made **less than 24 hours before the appointment**: Will incur a **$50 late cancellation fee**
- Accepted payment methods: Zelle, Cash App, Venmo, or Cash

---

7. Scope of Practice

RN will practice within PA scope and may refuse services if:

- Needs exceed scope
- Unsafe environment
- Non-compliance

8. Liability

No guaranteed outcomes. RN is not responsible for issues related to:

- Non-compliance
- Incomplete information

---

9. Confidentiality

Client info kept private per applicable standards.

---

10. Agreement

Client agrees to all terms.

Client Signature: _____

Date: _____

RN Signature: _____

Date: _____