



THE **RELIEF** TEAM

COMPANION CARE CLIENT RIGHTS & PRIVACY ACKNOWLEDGMENT

PART I: CLIENT RIGHTS

As a valued client of Relief Team companion care services, you and your authorized representatives have the right to:

- **Dignity and Respect:** Receive compassionate, respectful care that honors your personal preferences, values, culture, and lifestyle choices.
- **Informed Decision Making:** Participate fully in planning your companion schedule, selecting caregiver matching traits, and outlining specific social preferences.
- **Service Scope Clarity:** Receive a clear explanation of what services our companion care team can perform (socialization, light housekeeping, incidental transit) and what they cannot perform (clinical care, medical wound care, or administration of medication).
- **Right to Refuse:** Decline any specific companion activity, schedule modification, or caregiver assignment at any time without fear of discrimination or immediate termination of service outside our standard cancellation window.
- **Voice Grievances:** Submit a formal complaint regarding your care or safety directly to agency management without retaliation. All grievances will be investigated within 5 business days.

PART II: PRIVACY & CONFIDENTIALITY POLICY

While non-medical companion care agencies are generally not classified as "Covered Entities" under federal HIPAA regulations, our agency strictly enforces an identical standard of security to protect your sensitive personal and physical health data.

- **Information Collected:** We collect and securely store information necessary to provide safe companion services, including your physical limitations, non-clinical cognitive status notes, family emergency contacts, home access details, and scheduling records.
- **Permitted Uses of Data:** Your information will only be shared internally with office administrators, scheduling coordinators, and the specific companion caregivers assigned to your home to ensure continuity and safety of care.

- **Third-Party Disclosure:** We will never share, sell, or disclose your personal information, medical background, or financial files to outside parties unless explicitly authorized by you in writing, or required by law (e.g., in the event of an emergency or a state health audit).
- **Physical & Digital Security:** All paper intake records are stored in locked filing cabinets, and all digital records—including forms submitted through our website portal—are managed via password-protected, encrypted database software.

PART III: ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that I have received, read, and fully understand the Client Rights and Privacy Policy provided by the agency. I consent to the storage and internal use of my non-clinical health and demographic information solely for the purposes of coordinating safe, high-quality companion care services.

Client Legal Name: _____

Authorized Representative Name (if applicable): _____

Relationship to Client: _____

Signature:

Date: