

Client Service Agreement / Contract for Services

Reliant Workforce Solutions dba Reliant Home Care

(In partnership with Care Staff LLC)

This Client Service Agreement (“Agreement”) is entered into between **Reliant Workforce Solutions dba Reliant Home Care** (“Agency”) and the undersigned Client or Client Representative (“Client”). This Agreement is intended to clearly define services, rights, responsibilities, and protections in compliance with **907 KAR 1:170, KRS 209**, and applicable **CMS Conditions of Participation**.

1. Scope of Services

The Agency provides **non-medical personal services** as authorized by the Client’s care plan and service agreement. Services may include, but are not limited to: - Assistance with Activities of Daily Living (ADLs) - Personal hygiene, grooming, and mobility assistance - Meal preparation and feeding assistance - Light housekeeping related to the Client’s care - Companionship and supervision

Services are provided only as authorized and may be modified based on reassessment, Client request, or regulatory requirements.

2. Client Rights and Protections

The Client retains all rights under federal and Kentucky law, including but not limited to: - The right to be treated with dignity, respect, and courtesy - The right to be free from abuse, neglect, exploitation, and misappropriation of property - The right to privacy and confidentiality - The right to participate in care decisions and refuse services - The right to file grievances without retaliation

Client Rights are further detailed in the **Client Rights Policy** provided at admission and incorporated into this Agreement by reference.

3. Abuse Prevention, Reporting, and Mandatory Reporting

The Agency maintains a **zero-tolerance policy** for abuse, neglect, exploitation, or misappropriation of property.

Suspected abuse may be reported to: - Agency leadership - **Kentucky Adult Protective Services (APS): 1-800-752-6200** - **Kentucky Cabinet for Health and Family Services (CHFS) – OIG Hotline: 1-877-597-2331** - **911** in cases of immediate danger

All employees and contractors are mandatory reporters under **KRS 209**. Retaliation for reporting concerns is strictly prohibited.

4. Client Responsibilities

The Client or Representative agrees to: - Provide accurate and complete information - Maintain a safe service environment - Treat Agency staff with respect - Notify the Agency of changes in condition, needs, or scheduling - Secure valuables and personal property

The Agency is not responsible for unsecured valuables.

5. Scheduling and Service Delivery

- Services are scheduled based on authorized hours and staff availability.
- The Agency will make reasonable efforts to provide continuity of care.
- Clients must provide reasonable notice for cancellations.
- Services may be temporarily suspended for safety concerns, non-payment, or regulatory requirements.

6. Fees, Billing, and Payment Terms

- Fees for services are disclosed prior to service initiation.
- Billing frequency and payment terms are outlined in the Financial Agreement.
- Failure to remit payment may result in service suspension following notice.

7. Privacy and Confidentiality

The Agency complies with **HIPAA** and Kentucky privacy laws. Client information is protected and disclosed only as permitted by law.

8. Grievances and Complaints

Clients may submit grievances: - Verbally or in writing - Using the Client Grievance Form - Online at **www.reliant-homecare.com** under the *Forms* tab

All grievances are investigated promptly without retaliation.

9. Termination of Services

This Agreement may be terminated: - By the Client at any time with notice - By the Agency for safety concerns, non-payment, or regulatory reasons

Notice will be provided unless immediate termination is required for safety.

10. Limitation of Liability

The Agency is not responsible for outcomes beyond the scope of authorized services or for conditions resulting from incomplete or inaccurate information provided by the Client.

11. Governing Law

This Agreement is governed by the laws of the Commonwealth of Kentucky.

12. Entire Agreement

This Agreement, together with the Client Admission Package and incorporated policies, constitutes the entire agreement between the parties.

Acknowledgment and Signatures

I acknowledge that I have received, reviewed, and understand this Client Service Agreement and agree to its terms.

Client Name: _____

Client or Legal Representative Signature: _____

Date: _____

Agency Representative Signature: _____

Date: _____

Effective Date: _____ **Review Date:** _____