



3900 Clark Road Suite B5, Sarasota, FL 34233
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TRANSPORTATION WAIVER OF LIABILITY

CONSENT FORM

Please be advised that RIGHT ACCORD Private Duty - Home Health Care, LLC screens Caregiver for home-care related matters only, not for transportation. Should you wish to agree with the Caregiver on transport arrangements, please complete, sign and date this document.

Transportation Consent and Vehicle Release

I/We authorize the use of my automobile, if applicable, for errands and incidental transportation in connection with caregiver services. I/We agree to carry insurance and a valid registration on the automobile.

I/We understand that RIGHT ACCORD Private Duty – Home Health Care, LLC does not provide insurance coverage under any circumstances for any damage to my automobile or other property resulting from a RIGHT ACCORD Caregiver using it.

RIGHT ACCORD Private Duty – Home Health Care, LLC, nor the Caregiver's, will be held liable for any injury to the client (including death) or to a client's property resulting from the use of an automobile operated by the Caregiver for transporting a client in either the Caregiver's automobile or the clients automobile.

If client's vehicle is not available for whatever reason, client will be charged **.585** cents per mile.

Name of Client/Surrogate/Guardian

Relationship

Signature

Date

Witness

Date

UPDATED January 2022