

9040 Town Center Parkway Lakewood Ranch, FL 34202 941.487.3665 www.rightaccordhealth.com

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