



Private Duty-Home Health Care

1960 South Tamiami Trail Venice, FL 34293

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CLIENT HANDBOOK RECEIPT

The Client Handbook describes important information about RIGHT ACCORD. I understand that I should consult a RIGHT ACCORD representative regarding any questions not answered in the handbook.

Information in the Client Handbook is subject to change. All such changes will be communicated through official notices and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Owner of RIGHT ACCORD has the ability to adopt any revisions to the policies in this handbook.

I have received the handbook and I understand that it is my responsibility to read and understand all of the information contained in this handbook and any revisions made to it.

Client Name: (printed): _____

Client Signature: _____

Date: _____

RIGHT ACCORD Representative Signature: _____

Date: _____