Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AS A CLIENT OF OUR AGENCY, YOU HAVE THE RESPONSIBILITY TO:

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, and other pertinent information.

2. Assist in developing and maintaining a safe environment in which to live.

3. Inform Public Health staff when you will not be able to keep a home visit at 320-523-2570.

4. Participate in the development and update of your care plan.

5. Adhere to your developed / updated care plan.

6. Request further information concerning anything you do not understand.

7. Give information regarding concerns and problems you have to a nurse at our agency.

8. Allow Public Health staff to perform visits in an environment that does not jeopardize their health or safety.

1. Clients and their family / company are not to smoke in the presence of Public Health staff.
2. Handguns and / or firearms must be secured and not in the presence of Public Health staff.
3. Dogs, cats, and pets must be contained or in a secured location during the visit.

Unwillingness or inability to comply with client responsibilities may be cause for discharge. Your Public Health Nurse will discuss any agency concerns with you prior

to notice of discharge.

Disclosure Information:

Any information not required by law will not be disclosed without consent from client, legal guardian, or family member.

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Signature of Client or Responsible Person Date

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