



Authorization for Disclosure, Use, or Receipt of Confidential Client Information

It is the policy of Kalibra Home Care to protect the confidential client information entrusted to it. Such information will be treated with respect and will not knowingly be released or shared with individuals or agencies that do not have a need to know its details.

As part of Kalibra Home Care's responsibility and interest in coordinating services with other agencies involved with the client, it may be necessary to share information about a client with them to enhance this coordination. Such agencies the company may share information with includes but are not limited to: hospitals, nursing facilities, assisted living communities, retirement communities, physician offices, insurance companies, home health agencies, hospice agencies, or any other health provider involved with the client.

I _____ understand that Kalibra Home Care may disclose confidential information about me as needed to appropriate agencies and individuals to better coordinate services provided to me.

I further authorize Kalibra Home Care to discuss matters related to my care with the following specifically named agencies and individuals:

Name	Relationship	Phone

Client or Responsible Party Signature

Date

Agency Representative Signature

Date



Acknowledgement and Receipt Confirmation of Agency Drug Testing Policy

_____ I acknowledge that I have received a copy of Kalibra Home Care's Employee Drug Testing Policy
(Client Initials)

I understand that Kalibra Home Care does not require individuals to be tested for illegal drug use as a condition of prior employment. This agency reserves the right to conduct random drug tests and/or to conduct drug tests after an accident or a complaint of its employees for investigative purposes. If an employee's supervisor has reasonable cause to suspect that an employee is in violation of the drug use policy or if the employee's job performance is deficient in a manner which suggests a possible violation of the policy, that employee may be subject to medical or physical examination or test, including urine drug screens, at the determination of the responsible Administrator. Refusal to submit to testing is a cause for immediate termination with the agency.

Client Signature

Date

Agency Representative Signature

Date



AGENCY DRUG TESTING POLICY

POLICY

This agency does not require as a condition prior to employment that individuals be tested for illegal drug use. This agency reserves the right to conduct random tests and/or to conduct tests for an investigation of an accident or a complaint. If an employee's supervisor has reasonable cause to suspect that an employee is in violation of the drug use policy or if the employee's job performance is deficient in a manner which suggests a possible violation of this policy, that employee may be subject to medical or physical examination or tests, including urine drug screen, at the determination of the responsible Administrator. Refusal to submit to testing is cause for immediate termination with the agency.

PROCEDURE

1. All employees/potential employees will be informed of the Agency's drug testing policy in the form of the company handbook.
2. During the admission process, all clients receiving services are to be given notice of the Agency's drug testing policy.
3. The client signing the Agreement for Services form will provide compliance to this policy.
4. If an employee requires a drug test, they will be required to contact the HR Department who will furnish a list of local providers of testing. The cost will be borne by the employee. They will have one (1) working day to complete the test or have cause for immediate termination.

Corresponding Statute §97.253



Transportation Release of Liability Acknowledgement

Included as part of our service, Kalibra Home Care (KHC) allows employees to drive a client's vehicle for incidental transportation. If the client does not own a vehicle or has no other means of transportation they may request a KHC employee to transport them in an employee's vehicle. We do verify that the employee has a valid driver's license upon date of hire. As part of our transportation service, we verify insurance coverage on individual employee vehicles. If transportation is requested as part of our service, please initial the appropriate field below and sign.

Client as a passenger in an employee vehicle:

_____ I may need a Kalibra Home Care employee to drive his or her vehicle for incidental transportation. I fully understand and hold harmless and indemnify the provider, Kalibra Home Care, its employees and principals in connection with any liability in the event of an accident in which I (client) am injured while a passenger in the employee's vehicle. There is a charge of .50 per mile that goes to the employee for wear and tear, fuel and tolls.

Employee as a driver of a client's vehicle:

_____ I may request that a Kalibra Home Care employee drive my vehicle for incidental transportation. I acknowledge and agree to have adequate vehicle insurance coverage, which covers third party drivers. I fully indemnify and hold harmless the provider, Kalibra Home Care, its employees and principals in any liability as a result of an accident involving damage to my vehicle, or injury to self or other occupants in said vehicle.

Client or Legal Representative

Date

Agency Representative Signature

Date

Medication Sheet

Client Name:	Primary Physician:	Pharmacy:
	Phone:	Phone:

[illegible]

Frequency: D – once a day BID – two times a day TID – three times a day QID – four times a day

Schedule: Q4 – every four hours Q6 – every six hours QHS – before bed AC – before meals

Route: PO – by mouth SQ – injection IV – intravenous PR – rectally TOP – topically

If meds are taken at special times, please enter times in the Schedule column.



CLIENT NON-COMPETE CLAUSE

All caregivers assigned to your care are under a signed contract with Kalibra Home Care. By signing this clause, you acknowledge that if you hire a caregiver from Kalibra Home Care to work for you in any capacity, during your services or within a 6 month period following termination of your services, a \$20,000 fee will be owed to Kalibra Home Care. The client will owe \$10,000 to Kalibra Home Care and the caregiver will owe \$10,000 to Kalibra Home Care. In addition to this fee, the client will also be responsible for all attorneys' fees and court costs related to the enforcement of this agreement. If the caregiver cannot pay their portion, and the client continues to receive services from the caregiver during the 6 month period following termination of services, the client will then be responsible for the caregiver's portion of these fees as well.

Client Signature and Date

Agency Representative Signature and Date

275 W Campbell Road, Suite 230, Richardson, Texas 75080



Overtime Policy

Per the state of Texas Labor laws, if a caregiver works over 40 hours in one week (Kalibra Home Care's week begins on Sunday and ends on Saturday) they are entitled to overtime pay.

It is the responsibility of the client to pay for overtime while it is the responsibility of Kalibra Home Care to pay for payroll taxes, supplemental insurance, workman's comprehension, insurance, bonding and licensure.

By signing below, you agree to adhere to Kalibra Home Care's overtime policy.

Client or Client Representative

Date

Kalibra Home Care Representative

Date



ACH AUTHORIZATION FORM

Client Name: _____

I, as the account holder or POA, hereby authorize Kalibra Home Care to debit my/client's checking account and if necessary, initiate adjustments for any transactions credited/debited in error. I acknowledge that Kalibra Home Care charges a late fee of \$30.00 every 30 days for late payments. This fee is cumulative and will continue to increase each month until the payment is received.

Signature

Name of Financial

Institution: _____

Routing Number: _____

Account Number: _____