



arsicaregroup
Excellence in Care Services.

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CONSENT FOR TREATMENT

I _____ hereby authorize ARSI Care Group, LLC to provide care services by a caregiver (s). I need services as recommended by my physician, or by my own interest on a private basis, furnished in a home, nursing home, hospital, adult living facility, or any facility where I currently reside.

I do hereby consent to treatment provided by nurses or other caregivers assigned by ARSI Care Group, LLC. Since they are reasonably prescribed by the client's physician, and/or as may be needed as an implementation of medical practice according to the client's condition. This consent is intended as a waiver of liability for such treatment with the exception of acts of negligence. I hereby authorize the assigned caregiver to perform work following the physician's orders, while a client of your company, including, but not limited to taking blood samples from the client or administering injections following normal medical practice. I also agree in this form that if I request the caregiver to drive me somewhere, I do so at my own risk and agree to hold harmless and indemnify ARSI Care Group, LLC. and its caregivers from any claim or cause of action that I, or those whom I am responsible for, may have for bodily injury (including death) or property damage.

Client Printed Name

Client Signature

Date

eldercare

healthcare

childcare

executivecare