



CITY CARE HOME NURSING SERVICES
G 205 south City Raiberalli Road Lucknow U.P 226025
www.citycarelko.com info@citycarelko.com
+919454360849 +919696050684

Consent For Home Nursing Services.

PATIENT NAME		AGE/GENDER	
ADDRESS		DATE	
NUMBER		EMERGENCY NO	
DIAGNOSIS		WEIGHT	
CONSULTANT		HIGHT	

Relative Details

NAME (RELATIVE)		NUMBER	
RELATION WITH PATIENT		E-MAIL	

1. Acceptance of Home Nursing Services

- I hereby agree to utilize the home nursing services provided by City Care Home Nursing Services for the sole purpose of delivering Nursing Care and personal care to my patient
- I understand that the services offered are limited strictly to the categories of care explicitly defined by the Agency and do not include any unauthorized medical procedures, clinical interventions, or services outside the caregiver's professional scope.
- I acknowledge that this agreement is entered voluntarily, without coercion, and with a full understanding of its terms, implications, and responsibilities.
- I confirm that the service usage aligns with my requirements and with the needs of the Patient as assessed and explained by the Agency.
- I understand that the Agency reserves the right to accept or decline service requests based on staffing availability, workload, safety considerations, or legal compliance requirements.
- I consent to all policies, rules, and operational guidelines followed by City Care, including those communicated verbally, digitally, or through written materials.



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2. Acknowledgment of Patient's Medical Condition

- I acknowledge that the Agency has informed me of the Patient's present medical condition to the best of their knowledge and based on the details provided by me, the Patient's healthcare professionals, and me.
- I understand that the Agency is not responsible for verifying medical diagnoses and relies entirely on the information provided by me and/or the treating doctor.
- I acknowledge that the Agency has explained foreseeable medical complications, risks, and situations that may arise during the course of home-based care.
- I understand that home nursing cannot prevent medical complications and does not guarantee cure, improvement, or stabilization of the Patient's condition.
- I recognize that certain conditions require professional medical supervision, and home nursing may only support but cannot replace hospital-level care.
- I acknowledge that the Agency is not responsible for changes in the Patient's condition caused by pre-existing illnesses, chronic diseases, age-related decline, surgical history, or underlying risks.

3. Responsibility for Medical Consultation

- I understand and agree that the decision to seek medical advice, hospital admission, diagnostics, or specialist consultation lies entirely and solely with the Patient's legal guardians.
- The Agency and its staff may recommend hospital visits or doctor consultations if they observe changes in the Patient's condition, but the final decision-making authority rests with me.
- I understand that failure to follow medical advice, refusal of hospitalization, or delay in seeking urgent care may lead to serious consequences, for which the Agency cannot be held responsible.
- If family members or I deny or ignore medical recommendations for any reason, including financial, emotional, personal, or convenience-related factors, I accept complete responsibility for any resulting harm.
- I agree that the caregiver or nurse shall not be held liable for medical deterioration, emergencies, or fatalities arising from delayed or declined consultation.
- I understand that the Agency is not authorized to force or mandate medical decisions on behalf of the Patient.



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4. Responsibility for Legal Permissions

- I assume full responsibility for obtaining any special permissions required from hospitals, government authorities, treating doctors, or healthcare institutions to continue home-based nursing.
- I understand that certain procedures require a doctor's written consent, and I am responsible for arranging such documentation.
- I agree that the Agency cannot initiate or complete any legal or medical processes without my authorization and that delays caused by incomplete paperwork are my responsibility.
- I confirm that all permissions required for home care have been acquired or will be acquired in a timely and lawful manner.
- I accept that the Agency is not accountable for consequences resulting from a lack of permissions or incomplete compliance by or my family members.

5. Understanding of Caregiver Duties

- I have thoroughly read, understood, and accepted the assigned duties of the Nurse/Caregiver as supplied by the Agency.
- I acknowledge receiving a soft copy of the caregiver's duty list and agree to refer to it when clarifying roles or expectations.
- I understand that caregivers are bound by professional limitations, safety standards, and legal restrictions.
- I agree not to demand tasks beyond the caregiver's official responsibilities, including tasks that are medically unsafe, legally restricted, or ethically inappropriate.
- I recognize that the caregiver cannot, under any circumstances, perform invasive procedures, manage finances, engage in personal errands, or perform household chores unrelated to the Patient.
- I agree to consult the Agency if I require changes in services, duties, or responsibilities.
- I acknowledge that violating this clause may result in immediate termination of services without refund.
- I agree to provide disposable gloves and masks for the caregiver when changing the diapers of a bedridden patient. Diapers must not be changed with bare hands.
- I agree to provide a disposable bag for the proper disposal of used diapers. Staff members should not dispose of diapers outside the home.
- I agree to provide an appropriate sitting area, drinking water facility, and access to a washroom for the staff.
- I also agree not to request the staff to perform washroom cleaning, room cleaning, dusting, or watering of plants.



6. Reporting Misconduct or Dissatisfaction

- I agree to report any misconduct, dissatisfaction, or breach of duty by the Nurse/Caregiver directly to the Agency before initiating any external complaint or legal action.
- I understand that the Agency must be allowed to assess, investigate, and resolve the issue in accordance with established internal procedures.
- I agree not to engage in verbal aggression, threats, intimidation, or harassment of staff and understand that such behavior may lead to termination of services.
- Immediate replacement of staff may not always be possible, depending on availability.
- I agree that unnecessary complaints, false allegations, or defamation of staff or the Agency may result in legal consequences.
- I understand that complaints must be made through official communication channels:
 1. Phone
 2. Email
 3. Agency office visit
 4. Written complaint submission
- I agree to cooperate fully during any inquiry into reported issues.

7. Acknowledgment of Patient Rights

- I acknowledge that the Agency has explained the Patient's rights clearly, including their right to quality care, dignity, privacy, and safe treatment.
- I understand that the Patient has the right to refuse treatment, express concerns, and expect respectful behavior.
- I acknowledge that violating patient rights, by or my family members, may lead to the discontinuation of services.
- I agree to act in the Patient's best interest at all times.
- I confirm that all decisions made regarding the Patient are lawful and ethical.

8. Requirement for Nursing Staff

- 8.1 I confirm my requirement for Nursing Staff as assessed and recommended by the Agency.
- 8.2 I understand that the Agency assigns staff based on availability, qualification, and suitability.
- 8.3 I agree not to request specific staff based on personal preference unless medically justified.
- 8.4 I understand that replacing staff requires prior notice and depends on staffing availability.
- 8.5 I acknowledge that frequent staff changes requested without valid reasons may incur additional fees.



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9. Financial Commitment

- agree to pay the service charges for the duration of **days**, as mutually agreed during booking.
- I understand that the rate is based on service type, staffing qualification, duty hours, and location.
- I agree to pay all dues promptly, without delay, refusal, or withholding.
- I acknowledge that taxes apply to refundable and non-refundable bills, as per government guidelines.
- I understand that statutory taxes may change without prior notice, and I agree to comply with updated billing.
- I agree to pay any additional fees resulting from.
- Last-minute cancellations
- Extra duty hours
- Emergency staffing
- Staff replacement due to my personal preference
- I understand that the Agency may suspend services if payments are delayed.

10. Duty Hour Agreement

- My required duty hours for the nursing staff are **hours**, as agreed during service confirmation.
- I understand that extending duty hours requires prior approval from the Agency.
- I acknowledge that caregivers are entitled to rest, breaks, and humane working conditions.
- I understand that forcing staff to work beyond approved hours is a violation of this Agreement.
- I agree to inform the Agency at least 24 hours in advance if I require a duty schedule change.



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11. Safety and Non-Harm Understanding

- I acknowledge the mutual understanding that the staff intends no harm and aims to deliver safe, quality care.
- I agree to create a safe working environment for the caregiver.
- I understand that the Agency cannot guarantee clinical outcomes, recovery, or medical improvement.
- I accept that the caregiver's duty is to assist, not to guarantee a cure or protection from natural disease progression.
- I acknowledge that accidents, medical complications, or unforeseen events may occur despite best efforts.

12. Liability for Medical Refusal

- If the Patient's relatives deny or delay hospitalization or medical consultation, I accept full responsibility for any resulting casualty or deterioration.
- I agree that the Agency shall not be liable for consequences arising from medical negligence on the part of the family.
- I understand that the caregiver cannot force or override family decisions.
- I acknowledge that refusal of medical advice may worsen the Patient's condition beyond the caregiver's ability to manage.

13. Advance Payment Requirement

- I agree to make an advance payment equivalent to **10 days of service**.
- I understand that the advance must be maintained throughout the service period.
- I agree that services may be suspended if the advance amount is not replenished as required.
- I acknowledge that the refund of the advance is subject to:
 1. Settlement of all dues
 2. Deduction of applicable taxes
 3. Verification of service completion
- I accept that advance refunds may take a standard processing period, depending on Agency policies.



14. Food and Accommodation for 24-Hour Duty

- I agree to provide **three meals a day** for the caregiver during 24-hour stay duties.
- I understand that meals must be hygienic, sufficient, and timely.
- I agree to provide clean and safe accommodation for the caregiver during the stay duty.
- I acknowledge that failure to provide food and accommodation is a breach of service conditions.
- I understand that caregivers are entitled to minimum rest hours during 24-hour duty shifts.

15. Communicable Disease Disclosure

- I understand that it is mandatory to inform the Agency if the Patient has or is suspected to have any communicable disease.
- I agree to disclose symptoms such as fever, cough, rash, bleeding, respiratory distress, vomiting, diarrhea, or abnormal discharges.
- I understand that nondisclosure of infectious conditions compromises the safety of staff and may result in termination of services.
- I acknowledge that additional charges may apply for high-risk caregiving.
- I agree to follow safety protocols recommended by the Agency during infectious situations.

16. Submission of Identification Documents

- I agree to provide a valid government-issued ID for myself and the Patient.
- I understand that the Agency may require ID verification for legal and safety reasons.
- I agree that failure to provide identification may delay or prevent service initiation.
- I understand that all documents provided will be stored securely and used only for legitimate service purposes.

17. Patient Care Principles

- I understand that City Care prioritizes patient well-being, comfort, dignity, and safety.
- I acknowledge that caregiving requires patience, cooperation, and understanding from both the family and the Agency.
- I agree to treat the caregiver with respect and professionalism.
- I understand that misunderstandings may arise, but they must be resolved respectfully and through proper channels.
- I agree to maintain a positive and safe environment to enable effective caregiving.



18. Privacy and Confidentiality

- I agree to maintain the Patient's privacy and dignity throughout the service period.
- I understand that the Agency and caregiver will also ensure the confidentiality of all personal and medical information.
- I agree not to record the caregiver without consent.
- I understand that misuse of personal data is punishable by law.
- I acknowledge that caregivers also have a right to privacy and respectful treatment.

19. Final Declaration and Consent

- I hereby declare that all information provided by me to the Agency is true and accurate to the best of my knowledge.
- I confirm that I fully understand and accept all terms and conditions outlined in this Agreement.
- I agree to comply with all Agency policies, caregiver guidelines, and service procedures.
- I acknowledge that any breach of this Agreement may lead to termination of services.
- I hereby give full consent for City Care to provide Nursing Care and Personal Care services to my Patient under the terms stated above.

20. Protection of Staff Against Theft Allegations and Security of Valuables

- I understand that the Agency, Nurse, Caregiver, or Support Staff shall not be held responsible for the loss, theft, misplacement, or disappearance of cash, jewelry, documents, electronic devices, valuables, or personal belongings unless there is clear evidence proving staff involvement.
- I agree to keep all cash, gold, jewelry, important documents, bank cards, passwords, medicines, and valuables in a secure and locked location.
- I understand that the Agency strongly advises families not to leave valuable items unattended in areas accessible to caregivers.
- I agree to conduct any inventory or verification of valuables before the commencement of services and whenever necessary during the service period.
- I understand that suspicion alone shall not be considered proof of theft or misconduct by Agency staff.
- In the event of a complaint regarding missing items, I agree to immediately notify the Agency and provide complete details of the alleged loss.
- I agree to allow the Agency a reasonable opportunity to conduct an internal inquiry before making public accusations against any staff member.



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- I understand that the Agency may cooperate fully with police authorities or lawful investigations when required.
- I agree that any allegation against a staff member must be supported by reasonable evidence, witness statements, CCTV footage, documentation, or findings from competent authorities.
- I understand that false accusations, defamation, harassment, intimidation, or public allegations made without evidence may result in legal action.
- I acknowledge that staff members also possess legal rights, including the right to dignity, privacy, and protection from false allegations.
- I agree that if police investigation, court proceedings, or competent authorities determine that a staff member was not involved in the alleged theft, neither the staff member nor the Agency shall be held liable for the claimed loss.
- I understand that the Agency may suspend or terminate services if staff safety is threatened during an investigation.
- I agree to provide access to relevant CCTV recordings, witness information, and other evidence that may assist in determining the facts of the case.
- I understand that all theft-related complaints shall be handled in accordance with applicable laws and that the Agency reserves the right to pursue legal remedies against knowingly false complaints.

FULL NAME		PHONE NUMBER	
DATE & TIME		PLACE	

Signature of the relative

Signature of the coordinator