O'Connell
Care at Home · Staffing Services

Consent for Treatment

I agree to notify OPNS with any changes in my condition or treatment, which may impact my service needs.

I understand that OPNS will make every attempt to meet my care needs; however, due to Uncontrollable circumstances (such as employee illness or weather emergencies), there may be times that adjustments will need to made. OPNS will notify me as soon as is reasonable about any schedule changes.

I authorize OPNS to release information from my agency records to, or receive information from, appropriate professionals/agencies involved with my plan of treatment or services, Such as my physician, nurse, pharmacy, family, or other care providers.

I have received and read the following documents and agree to their outlined terms:

- Client Rights and Responsibilities
- Notice of Privacy Practices
- Financial Agreement

I agree to allow O'Connell Professional Nurse Services, Inc., to provide the following services:

_____	_____
Client or Representative Signature	Date
_____	_____
Parent/Guardian Signature (if required)	Date
_____	_____
Agency Personnel Signature	Date