

ALL CARE

2227 Westchester Ave., Bronx, NY 10462
(646) 661-2500



Welcome Package

DATE ISSUED 10/20/2026 CLINICIAN Taylor Reed, RN

PATIENT

Evelyn Carter

DATE OF BIRTH

04/12/1948

GENDER

Female

LANGUAGE

English

PHONE

(212) 555-0152

ALT PHONE

(212) 555-0153

HOME ADDRESS

120 Example Lane, Apt 3B, New York, NY 10001

PRIORITY

Routine

TAL / TRANSPORT

Walker; standby assistance

INCLUDED MATERIALS

Material	Material
Services consent	Patient responsibilities
EVV orientation	Advance-directive information
Statement of services and charges	Privacy consent / acknowledgment
Complaint / grievance procedure	Safety information and infection control
Patient bill of rights	Notice of privacy practices
Palliative care and counseling information	Emergency and disaster preparedness

ACKNOWLEDGMENT OF ACCESS

Receipt confirms access to the materials listed above; it does not authorize additional treatment or waive any rights. The example delivery method is a secure link sent during the initial visit. No actual delivery or consent is recorded by this sample.

Delivery method / date	Secure link / 10/20/2026 (example)
Recipient / representative	Evelyn Carter; daughter Maya Carter present
Patient signature / date	Unsigned / no execution date
RN signature / date	Unsigned / no execution date
RN printed name	Taylor Reed, RN

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Services, consent and charges

SERVICES CONSENT

Review the agreed care plan, staff roles, visit schedule, expected benefits, material risks and alternatives before signing. You may ask questions or decline services. A representative may act only within their documented authority.

- Services considered in this example: nursing, medical social work, home health aide, personal care aide, therapy, nutrition, physician services, housekeeping and homemaking. Availability and authorization must be confirmed in the service agreement.
- The proposed plan includes PCA support with daily activities and RN assessment. Additional services require a separate agreement and, where applicable, a clinician's order.
- Information needed for care coordination may be requested from treating professionals and facilities. A separate authorization is used when required for a disclosure; a general receipt acknowledgment does not replace it.
- The patient receives rights, responsibilities, complaint information and advance-directive information before agreeing to care. No hiring restriction or non-solicitation commitment is created by this sample.

ILLUSTRATIVE CHARGES - NOT A CAREBRIDGE RATE QUOTE

Service	Frequency	Example rate	Example patient responsibility
PCA	5 days/week; 3 hours/visit	\$32/hour	\$480/week; private pay
RN initial assessment	1 visit	\$150/visit	\$150 once
RN follow-up	As separately arranged	\$110/visit	\$110 per visit
Payer choices	Managed long-term care / certified home health agency / private pay / other		
Payer selected in this example	Private pay; no insurer approval or coverage represented.		
Prior authorization / changes	Confirm coverage and any required authorization before service. Explain and document changes in charges before affected services.		
Financial responsibility	Example: itemized weekly invoices, payable within 14 days. These are demonstration terms, not an enforceable agreement.		
Payment acknowledgment	Not accepted; unsigned.		
Information-release authorization	Not granted; unsigned.		

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Your rights and responsibilities

PATIENT BILL OF RIGHTS

1	Receive an explanation of rights before care starts.
2	Receive information in a form and language you can understand.
3	Receive respectful care without unlawful discrimination.
4	Have your person, property and dignity respected.
5	Have an authorized representative participate when appropriate.
6	Raise concerns and suggest changes without retaliation.
7	Know which services are proposed and when they will occur.
8	Participate in care planning and planned changes.
9	Know the names and roles of people providing care.
10	Receive information about scheduling and service availability.
11	Ask about benefits, risks and alternatives before consenting.
12	Refuse care after discussing possible consequences.
13	Receive information about advance directives.
14	Have personal privacy respected during care.
15	Have health information handled confidentially.
16	Participate in decisions about treatment and discharge.
17	Receive an itemized explanation of services and charges.
18	Know the expected payer and your own responsibility.
19	Receive notice of changes affecting payment or services.
20	Discuss transfer or referral options when appropriate.
21	Receive complaint procedures and external reporting information.

PATIENT RESPONSIBILITIES

Provide accurate history and report changes; ask when instructions are unclear; discuss the agreed plan and any decision to decline it; meet agreed payment obligations; treat staff respectfully; give notice of cancellations; participate in independence goals; share copies of directives; follow agreed service arrangements; help maintain a safe care environment.

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Privacy and visit verification

PRIVACY CONSENT / ACKNOWLEDGMENT

Review the agency's issued privacy notice before signing any acknowledgment. Acknowledging receipt is different from authorizing a use or disclosure. When an authorization is required, it must identify the information, recipients, purpose, expiration and applicable revocation process. No authorization is granted by this unsigned example.

NOTICE OF PRIVACY PRACTICES

This page illustrates the subjects an agency notice must address. The operative notice must identify the responsible organization, effective date, privacy contact, uses and disclosures, individual rights, duties and complaint routes. This sample is not an issued legal privacy notice.

Uses / disclosures	Treatment coordination, payment and health care operations, plus other permitted or required uses described in the operative notice.
Individual requests	Access or copies, corrections, confidential communications, restrictions and an accounting of qualifying disclosures. Applicable conditions and exceptions belong in the issued notice.
Privacy contact in this example	Morgan Lee, privacy coordinator - (212) 555-0156; 200 Example Avenue, New York, NY 10001.
Complaints / retaliation	Raise privacy concerns with the designated contact; external complaint options must also appear in the issued notice. No retaliation for raising a concern.
Notice effective date	Not adopted; demonstration document only.

EVV ORIENTATION

Electronic visit verification records visit information for programs that require it. This example assumes a caregiver checks in and out using the agency's selected system. The actual application, fallback process and support contact must be communicated before use.

- Recorded fields: service type, recipient name, caregiver name, date, start and end times, and service location.
- Purpose: record the care visit and support accurate service documentation.
- Caregiver process: confirm the correct recipient, record actual times and services, and report technical problems rather than entering invented times.
- Patient role: help confirm visit details and report discrepancies. Do not share passwords or approve a visit that did not occur.
- Orientation acknowledgment: discussed in the example; patient and RN signatures remain unsigned.

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Concerns and supportive care

COMPLAINT / GRIEVANCE PROCEDURE

You may raise a concern in person, by phone or in writing. Describe what happened, relevant dates, people involved and the resolution requested. The routes and times below are illustrative workflow examples, not adopted CareBridge commitments.

Example agency contact	CareBridge demonstration office; 200 Example Avenue, New York, NY 10001; (212) 555-0154.
Professional care concerns	Example recipient: RN clinical supervisor.
Aide / staffing concerns	Example recipient: staffing coordinator.
Payroll / billing concerns	Example recipient: business office, weekdays 9 AM-5 PM.
Privacy concerns	Example recipient: privacy coordinator, weekdays 9 AM-5 PM.
Response / appeal example	Acknowledge within 2 business days; provide a written response within 15 business days. Allow an appeal to the agency administrator within 30 days of the response. These times are sample policy terms.
External complaint route	Use the current New York State Department of Health home-care complaint channel. Confirm the applicable regulator and current contact details before issuing this package.

PALLIATIVE CARE AND COUNSELING

Palliative care focuses on comfort, symptoms, communication and quality of life during serious illness. It may accompany treatment aimed at the illness. Discuss options with the treating clinician; inclusion here does not mean CareBridge directly supplies every service.

- Topics to discuss: pain and other symptoms, emotional or spiritual support, care coordination and support for family caregivers.
- Counseling options: individual or family counseling, grief support and community support groups.
- Access: ask the RN or treating clinician for an appropriate referral and confirm eligibility, provider availability and cost.

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Advance directives and home safety

ADVANCE-DIRECTIVE INFORMATION

Advance planning helps communicate care preferences and identify who may speak for you if you cannot. Ask your clinician or qualified adviser which document is appropriate and what completion requirements apply.

Living will	Records treatment preferences for circumstances described in the document.
Health care proxy	Designates a health care agent, subject to applicable legal requirements.
DNR order	A medical order concerning attempted resuscitation; discuss with the treating clinician.
MOLST	Medical Orders for Life-Sustaining Treatment; requires appropriate clinical discussion and authorized completion.
Rights and choices	Discuss acceptance or refusal of care, name a representative where permitted and share preferences without being pressured to complete a particular document.
Obtaining / sharing forms	Request current official forms through the treating clinician or New York State health department. Follow form-specific signing and witnessing requirements; give copies to relevant clinicians and the chosen agent.
Patient status in this example	No completed directive reported; information reviewed. No directive is executed by this package.

HOME SAFETY

Review the home with the care team and adapt precautions to the patient's actual needs.

- Falls: keep paths clear, use adequate lighting, wear secure footwear and use prescribed mobility aids.
- Fire and electrical safety: maintain smoke alarms, avoid overloaded outlets, and keep flames and smoking away from oxygen equipment.
- Equipment: follow supplier instructions; report malfunction or damage and use the agreed backup plan.
- Household: keep frequently used items accessible, plan for icy surfaces and keep a flashlight available.
- Communication: keep a telephone within reach and post emergency, clinician, agency and family contacts.

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Infection control and preparedness

INFECTION CONTROL AND HYGIENE

Use the care team's instructions for the patient's circumstances and equipment.

- Clean hands before and after care and after contact with potentially contaminated material.
- Use appropriate gloves for contact with body fluids; gloves do not replace hand hygiene.
- Cover coughs and sneezes; follow any individualized respiratory precautions.
- Follow prescribed wound-care instructions and report new redness, swelling, drainage or fever.
- Keep frequently touched surfaces clean and dispose of household waste regularly.
- Use an approved sharps container and follow local disposal requirements; do not place loose needles in ordinary trash.
- Use standard precautions appropriate to the task.
- Tell the agency about new infection symptoms or exposure that could affect a visit.

EMERGENCY AND DISASTER PREPAREDNESS

Keep an individual plan that identifies contacts, transport needs, medication access and equipment dependencies. Agency response arrangements must be confirmed at admission; this sample does not promise a 24-hour service.

Agency contact / escalation	Example office: (212) 555-0154. An actual after-hours arrangement must be provided by the agency. Call 911 for immediate danger or a medical emergency.
Priority / current information	Record assistance needs and keep phone numbers, emergency contacts and location current.
Medication planning	Ask the clinician and pharmacy about an appropriate reserve and storage needs. Do not change doses to stretch supplies.
Documents	Identification, insurance details, current medication list, care plan and copies of advance directives if available.
Basic supplies	Water, appropriate food, flashlight, batteries, portable radio, clothing and personal-care supplies.
Equipment	Required mobility or medical devices, chargers and the clinician/supplier-approved backup plan.

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Emergency scenarios and review

EVACUATE OR SHELTER IN PLACE

Follow instructions from local emergency authorities. Keep the individual plan accessible and tell the agency and family where you are when safe to do so.

Evacuation	Leave promptly when directed. Take the emergency record, medicines and required equipment. Confirm transport assistance and destination.
Shelter in place	Stay in the safest advised area, keep supplies available and follow official updates.
Blizzard / extreme cold	Avoid unsafe travel; maintain safe warmth. Never use fuel-burning generators or grills indoors. Seek emergency help for immediate danger or serious symptoms.
Hurricane / flooding	Follow evacuation instructions, avoid floodwater and stay away from downed power lines.
Power outage	Use the prescribed equipment backup plan. Contact the supplier or clinician for urgent equipment concerns; seek emergency help if essential support cannot be maintained.
Water outage	Use stored safe water and follow public-health guidance about water safety.
Agency communication	Illustrative workflow: notify patients of delayed visits when possible and help coordinate alternatives. Actual availability and response commitments must be confirmed separately.
Priority response	Review critical needs and equipment dependencies with the agency; a sample priority label is not a guarantee of response time.
Patient / family role	Use the individual plan, keep contact details current and report changes in location or support needs.

REVIEW RECORD

Example family plan: Maya Carter assists Evelyn with transport to 150 Example Lane, New York, NY 10001, when safe and permitted. Evelyn uses a walker; no electrically powered life-support device is recorded.

Materials reviewed	All 12 topics listed on the opening page.
Questions / follow-up	Confirm the issued service agreement, privacy notice, charges and after-hours contact before real enrollment.
Patient / representative signature	Unsigned
RN signature / printed name	Unsigned / Taylor Reed, RN
Review date	10/20/2026 (example review date)