



Client Acknowledgment of Recommendation Refusal

RN Services Private Duty Care (“RN Services”) values the health and well-being of _____ (“Client”). An unsafe condition, beyond RN Services’ control, has arisen. Not all risks from the unsafe condition can be eliminated or mitigated. In an attempt to mitigate the risks, RN Services recommends the following:

Client refuses the recommendation(s) above. Client acknowledges that RN Services has explained the risks associated with the unsafe condition and Client’s refusal of the recommendation(s). Client understands that the risks associated with the unsafe condition will be neither eliminated nor mitigated. Client assumes and accepts all risks associated with the unsafe condition and Client’s refusal of the recommendation(s). Client agrees that RN Services has fully met any duties it may have had with respect to the unsafe condition. Client agrees that RN Services does not and will not have any liability whatsoever to Client arising from the unsafe condition or Client’s refusal of the recommendation(s). Client will not assert any claims, demands or causes of action of any kind whatsoever against RN Services arising from the unsafe condition, RN Services’ recommendations, or Client’s refusal of the recommendation(s).

Client Signature: I have read this document carefully. Any questions that I had have been answered. I had the chance to speak with advisors of my own choosing to discuss this document.

Client

Date

Authorized Person Signature: I have full authority to sign this document on behalf of Client. I have read this document carefully. Any questions that Client or I had have been answered. I had the chance to speak with advisors of mine or Client’s own choosing to discuss this document.

On behalf of Client

Date

Full Name: _____

Circle One: Guardian / Attorney In Fact / Medical Power of Attorney / Other _____

Name of RN Services Personnel Completing this Form: _____