



NURSE4MOM

EXPERT SENIOR CARE NURSE CONSULTANTS

ELECTION OF PRIVATELY CONTRACTED NURSE CONSULTANT

PATIENT NAME: _____ DATE OF BIRTH: _____

I elect consultation services from a private nurse consultant contracted with Nurse4Mom to assist with transitional support, including obtaining, reviewing, and providing consultation to myself and my current and future care team regarding my health information as it pertains to a transition from one care setting to another. I approve the release of information from my current medical providers and/or prior care teams (list below) for use in this manner. I understand that the private nurse consultant does not provide direct nursing care. Any consultation provided is based on the private nurse consultant's personal expertise, and any information given should be considered advice to be weighed by the patient, decision makers, and health care team. The nurse consultant may communicate with involved parties on my behalf, after the consultation is first provided to myself or my decision maker and approved. Consultation advice may include recommendations based on a review of medical records, patient and care team interviews, and observation of care available or being provided by a long term care community. I understand that this service is free of charge to the patient and family, paid for by the long term care placement agency called Nurse 4 Mom. I will not receive a bill for nurse consultation services based on this election. I agree that the private nurse consultant is not responsible for my physical care, and as such agree that the nurse consultant is not responsible for the direct or indirect treatment of my medical needs or for specifically ensuring that the care setting is fulfilling its responsibilities to the patient outside of a consultant providing a review and advice tailored to support my care setting transition. I agree to release the private nurse consultant from all liability as it pertains to their consultation.

Please list medical providers, past care teams, and persons who are approved to release medical records and engage in conversations with the private nurse consultant. This includes the sharing of information and medical records with any potential care settings, and I understand this information is collected and reviewed specifically for consultation regarding the patient's transition.

I authorize the private nurse consultant to provide consultation as described above and share information or consultation deemed pertinent with myself, my care team, and the facilities to which I may be discharging from or moving to. This consultation services is dissolved 30 days from the admission date to my new care setting, or at the time it is cancelled in writing by the patient or their representative.

CLIENT OR REPRESENTATIVE SIGNATURE _____ DATE: _____



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