

# HOME HEALTH CARE SERVICES AGREEMENT

Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Provider Information:

Full Name / Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

## Client Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

## Services to be Provided:

Provider agrees to furnish home health care services to Client as described in the attached Schedule A, which may include, but are not limited to, personal care, nursing services, therapy, medication management, and assistance with activities of daily living (ADLs). Services will be provided in accordance with applicable laws, regulations, and professional standards.

## Term and Termination:

This Agreement shall commence on the date first written above and shall continue until terminated by either party upon at least 7 days' prior written notice to the other party. Provider may terminate immediately for Client's failure to comply with terms or for safety concerns. Termination shall not affect rights or liabilities accrued prior to termination.

## Payment and Fees:

Client agrees to pay Provider for services rendered at the rates set forth in Schedule B attached hereto. Payments are due upon receipt of invoice unless otherwise agreed in writing. Late payments may incur interest at the maximum rate permitted by law. Provider is not responsible for reimbursement from third-party payors unless explicitly agreed in writing.

## Confidentiality:

Provider shall maintain the confidentiality of Client's personal and medical information in accordance with applicable federal and state laws, including HIPAA, and shall not disclose such information except as required by law or with Client's prior written consent.

## Liability and Indemnification:

Provider shall perform services with reasonable care and skill. Provider shall not be liable for any indirect, incidental, or consequential damages arising from the services. Client agrees to indemnify and hold Provider harmless from any

claims, damages, or liabilities arising out of Client's negligence or failure to provide accurate information.

**Dispute Resolution:**

Any dispute arising out of or relating to this Agreement shall be resolved first through good faith negotiations between the parties. If unresolved, disputes shall be submitted to mediation before resorting to litigation. This Agreement shall be governed by the laws of the State of \_\_\_\_\_, without regard to conflict of law principles.

**Miscellaneous:**

This Agreement constitutes the entire agreement between the parties and supersedes all prior negotiations and understandings. Any amendments or modifications must be in writing and signed by both parties. If any provision is found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

**PROVIDER'S SIGNATURE**

**CLIENT'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Original source of this document:

<https://docs-wellness.com/home-health-care-contract-template/>

Did you find this template helpful?

Find more updated templates at:

<https://docs-wellness.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.  
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.  
It is recommended to consult a legal professional for each specific case.