

Services Agreement and Informed Consent

Core boundaries, fees, privacy, and consent for a private patient advocacy practice.

1. Parties

Client *

Advocate / business *

Effective date *

2. Services and scope

We provide non-clinical patient advocacy and navigation services, which may include records organization, care coordination support, appointment preparation and accompaniment, insurance documentation support, discharge transition support, and plain-language health process education.

Included services selected for this client:

- | | |
|---|--|
| <input type="checkbox"/> Medical records organization and summarization | <input type="checkbox"/> Care coordination support |
| <input type="checkbox"/> Appointment preparation / accompaniment | <input type="checkbox"/> Insurance documentation support |
| <input type="checkbox"/> Discharge transition support | <input type="checkbox"/> Health literacy education |

This agreement is designed around the report's recommended risk-control language: define what the advocate does, what the advocate does not do, emergency limits, confidentiality, and fees.

3. What we do not do

We do not diagnose, prescribe, or provide medical treatment. We do not provide legal advice or act as your attorney. We do not make medical decisions for you. We do not guarantee outcomes.

4. Client responsibilities

The client or authorized caregiver agrees to provide accurate information, supply documents in a timely manner, participate in decisions and communications as needed, and notify the advocate of urgent changes or emergencies.

5. Emergencies and urgent symptoms

Advocate is not an emergency service. If you believe there is a medical emergency, call 911 or go to the nearest emergency department.

6. Confidentiality and information handling

We treat your information as confidential and use it only to provide services you request. We do not share information with providers or others without your written authorization, except as required by law.

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7. Communication methods

Preferred method

Other communication note

Text and email may involve privacy risks. If the client elects to use text or email, the client acknowledges and accepts those risks. Secure portal communication is recommended when available.

8. Fees, billing, and expenses

Hourly

Package

Retainer

Rates / pricing *

Billing schedule

Late payment policy

Pre-approved expenses / reimbursement note

9. Cancellation policy

Cancellation window (hours)

Cancellation fee

Additional cancellation note

10. Term and termination

Either party may terminate with written notice. The client remains responsible for fees incurred through the termination date.

11. Record retention

Retention period in years

Deletion / retention note

12. Consent

I understand the scope, limits, confidentiality practices, and fees, and I consent to receive services.

Typed signature / e-signature

Date

Representative name

Relationship / authority

Representative signature

Rep. date