



Client's Choice of Home Care Provider

Client Name: _____

Community Location: _____

If your choice of agency is Recover Health, please indicate that below and acknowledge that you were given the option of any agency and made the choice of your own free will.

Recover Health _____

I grant Recover Health authority to gather any medical records necessary to provide home care services to me.

I understand that I have the right to change my decision for a home care provider at any time. I will coordinate with my hospital/facility discharge planner as appropriate if I decide to make any changes to my home care provider.

I acknowledge that I was provided a choice of agencies and select Recover Health as my provider.

Client/Representative Signature Date

Printed Name

Relationship to Client (if necessary):