



**EMERGENCY DISASTER  
RELEASE OF LIABILITY FORM**

Patient Name: \_\_\_\_\_

MR#: \_\_\_\_\_

I have been instructed by AA Advanced Care, Inc. Home Health Services representative regarding my need for continuous skilled care. I am aware that during an emergency disaster the home health agency ceases operations and no nursing/therapy or personal care will be provided during that time in my home until the emergency has passed and the warning lifted by local police and government authorities.

I hereby refuse to register in the special needs shelter and refuse to be evacuated from my home during an emergency disaster. I understand the risks involved when a AA Advanced Care, Inc. Home Health representative does not provide care for me during an emergency disaster. I further understand the risks when remaining in my home and ignore the county order to evacuate from my home. I understand that AA Advanced Care, Inc. Home Health Service, will not be held liable for any damages or injuries that may occur during a disaster.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



## EMERGENCY DISASTER RELEASE OF LIABILITY FORM

Patient Name: \_\_\_\_\_

MR#: \_\_\_\_\_

Yo he sido instruido por un representante de AA Advanced Care, Inc. Home Health Services respecto a la necesidad de continuar con los servicios de cuidado de enfermería. Yo estoy informado/a que durante una emergencia por desastre, la agencia suspenderá los servicios de enfermería/terapia o cuidados personales que recibo, los que se restituirán cuando la alerta de emergencia de las autoridades del gobierno haya cesado.

Yo he rehusado registrarme en un refugio de cuidados especiales y rechazo ser evacuado/da de mi casa durante el periodo de emergencia. Entendiendo los riesgos que asumo cuando el personal de AA Advanced Care, Inc. Home Health Services no provee cuidados durante la emergencia de desastre. Yo también entiendo los riesgos de permanecer en mi casa ignorando las ordenes emanadas de las autoridades del condado en relación con mi evacuación, comprendo que AA Advanced Care, Inc. Home Health Services, no es responsable por daños o perjuicio que puedan ocurrir durante el desastre.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



OFFICE USE

TEAM #: \_\_\_\_\_

MD #: \_\_\_\_\_

REGISTRATION RELEASE

Zip Code \_\_\_\_\_

Evacuation Zone

Yes

No

CATEGORY

ALL 1 2 3 4 5

I have been informed of the Metro-Dade Emergency Assistance Registry and I do not wish to register.

DATE

PATIENT/PATIENT REPRESENTATIVE

MR#

PRINT PATIENT'S NAME

REASON FOR REFUSAL

| AREA  | ALL HURRICANES              | CATEGORY 2 AND ABOVE ADD:                                       | CATEGORY 4 AND ABOVE ADD:                                       |
|-------|-----------------------------|---|---|
| 33030 |                             | W OF L-31 N LEVEE   | ALL   |
| 33031 |                             |   | ALL   |
| 33032 |                             | EAST OF S DIXIE HWY   | ALL   |
| 33033 |                             | EAST OF SW 162 AVE  | ALL   |
| 33034 |                             | S OF INGRAHAM HWY, EAST OF US1, OR W OF L-31 N LEVEE            | ALL   |
| 33035 |                             | ALL   | ALL   |
| 33039 |                             | ALL   | ALL   |
| 33109 | ALL                         | ALL   | ALL   |
| 33125 |                             | ¼ MILE EITHER SIDE OF NW NORTH RIVER DR                         | 1 MILE SOUTH OF NW NORTH RIVER DR AND NORTH OF NW 7 ST.         |
| 33126 |                             | EAST OF S MIAMI AVE   | ALL   |
| 33128 |                             | ALL   | ALL   |
| 33129 |                             | EAST OF S MIAMI AVE   | EAST OF S MIAMI AVE   |
| 33130 |                             | NORTH OF SW 7 ST. OR EAST OF I-95                               | NORTH OF SW 7 ST. OR EAST OF I-95                               |
| 33131 | E OF INTRACOASTAL WATERWAY  | ALL   | ALL   |
| 33132 | E OF INTRACOASTAL WATERWAY  | EAST OF NE 2 AVE  | EAST OF NE 2 AVE  |
| 33133 |                             | EAST OF INGRAHAM HWY, MAIN HWY, TIGER TAIL AVE. OR S MIAMI AVE. | EAST OF INGRAHAM HWY, MAIN HWY, TIGER TAIL AVE. OR S MIAMI AVE. |
| 33135 |                             | ½ MILE EITHER SIDE OF NW NORTH RIVER DR.                        | ½ MILE EITHER SIDE OF NW NORTH RIVER DR.                        |
| 33137 |                             | EAST OF BISCAYNE BLVD.  | EAST OF BISCAYNE BLVD.  |
| 33138 |                             | EAST OF BISCAYNE BLVD.  | EAST OF BISCAYNE BLVD.  |
| 33139 | ALL                         | ALL   | ALL   |
| 33140 | ALL                         | ALL   | ALL   |
| 33141 | ALL                         | ALL   | ALL   |
| 33142 |                             | ¼ MILE EITHER SIDE OF NW NORTH RIVER DR                         | S OF NW 48 ST. WEST OF NW 27 AVE                                |
| 33143 |                             | EAST OF OLD CUTLER RD.  | EAST OF SW 72 AVE.  |
| 33149 | ALL                         | ALL   | ALL   |
| 33154 | ALL                         | ALL   | ALL   |
| 33158 |                             | EAST OF OLD CUTLER RD.  | EAST OF SW 72 AVE.  |
| 33160 | E OF INTRACOASTAL WASTERWAY | EAST OF BISCAYNE BLVD.  | EAST OF BISCAYNE BLVD.  |
| 33161 |                             | E OF NE 13 AVE. AND S OF NE 111 ST.                             | E OF NE 13 AVE. AND S OF NE 11 ST.                              |
| 33170 |                             | EAST OF S DIXIE HWY   | ALL   |
| 33176 |                             | S IF SW 112 ST AND WEST OF SW 97 AVE.                           |   |
| 33177 |                             |   | ALL   |
| 33180 |                             | EAST OF BISCAYNE BLVD   | EAST OF BISCAYNE BLVD   |
| 33181 |                             | S OF NE 135 ST OR EAST OF BISCAYNE BLVD.                        | S OF NE 135 ST OR EAST OF BISCAYNE BLVD.                        |
| 33186 |                             |   | ALL   |
| 33187 |                             |   | ALL   |
| 33189 |                             | ALL   | ALL   |
| 33190 |                             | ALL   | ALL   |
| 33198 |                             |   | ALL   |

# AGREEMENT TO RELEASE AND HOLD HARMLESS

R & N PROFESSIONAL SERVICES, CORP.

I, \_\_\_\_\_, understand that Disastrous weather is imminent and that the state and local emergency management agencies have declared a mandatory/voluntary evacuation. I have elected to disregard the advice of the emergency management agencies. I understand that \_\_\_\_\_ (staff person completing form / time) has fully explained to me that if I stay in the area, I could be seriously, if not fatally, harmed by the weather and its related effects. I make the decision to remain in my home (current location), fully aware of the potentially fatal consequences, as a result of this decision.

I have been advised to immediately evacuate the area. I have decided not to do so. I agree in unconditional terms that I release and hold harmless **R&N PROFESSIONAL SERVICES, CORP.** for any damage to my person as a result of this decision.

I agree that \_\_\_\_\_ (staff person/title) has instructed me in emergency preparedness. I have received written information and have all applicable telephone numbers for emergency management. I have been instructed to call 911 if a medical emergency presents. I also understand that the agency's On Call Nurse may not be available for an extended and that 911 personnel might not be available for an extended period of time. I fully understand the potential life threatening effects of my decision.

I acknowledge that this agreement has been read to me aloud and that I understand what has been read to me. I also acknowledge that I have had the opportunity to ask questions and have had them fully answered to my complete satisfaction.

Signature/Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Witness (Other Than Patient): \_\_\_\_\_

Printed Name and Relationship To Patient



Sweet and Gentle Home Health Care Co.

### EMERGENCY DISASTER RELEASE OF LIABILITY FORM

PATIENT NAME \_\_\_\_\_ MR# \_\_\_\_\_

I HAVE BEEN INSTRUCTED BY **SWEET & GENTLE HOME HEALTH CARE, CO** REPRESENTATIVE REGARDING MY NEED FOR CONTINUOUS SKILLED CARE. I AM AWARE THAT DURING AN EMERGENCY DISASTER THE HOME HEALTH AGENCY CEASES OPERATIONS AND NO NURSING/THERAPY OR PERSONAL CARE WILL BE PROVIDED DURIN THAT TIME IN MY HOME UNTIL THE EMERGENCY HAS PASSED AN THE WARNING LIFTED BY LOCAL POLICE AND GOVERNMENT AUTHORITIES.

I HEREBY REFUSE TO REGISTER IN THE SPECIAL NEEDS SHELTER AND REFUSE TO BE EVACUATED FROM MY HOME DURING AN EMERGENCY DISASTER. I UNDERSTAND THE RISKS WHEN **SWEET & GENTLE HOME HEALTH CARE, CO** REPRESENTATIVE DOES NOT PROVIDE CARE FOR ME DURING AN EMERGENCY DISASTER. I FURTHER UNDERSTAND THE RISKS WHEN REMAINING IN MY HOME AND IGNORE THE COUNTY ORDER TO EVACUATE FROM MY HOME. I UNDERSTAND THAT **SWEET & GENTLE HOME HEALTH CARE, CO** WILL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES THAT MAY OCCUR DURING A DISASTER.

PATIENT/REPRESENTATIVE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENCY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

### EMERGENCY DISASTER RELEASE OF LIABILITY FORM (SPANISH)

NOMBRE DEL PACIENTE \_\_\_\_\_ MR# \_\_\_\_\_

YO HE SIDO INSTRUIDO POR UN REPRESENTANTE DE **SWEET & GENTLE HOME HEALTH CARE, CO** RESPECTO A LA NECESIDAD DE CONTINUAR CON LOS SERVICIOS DE CUIDADO DE ENFERMERIA. YO ESTOY INFORMADO (A) QUE DURANTE UNA EMERGENCIA POR DESASTRE LA AGENCIA SUSPENDERA LOS SERVICIOS DE ENFERMERIA, TERAPIA O CUIDADOS PERSONALES QUE RECIBO, LOS QUE RESTITUIRAN CUANDO LA ALERTA DE EMERGENCIA DE LAS AUTORIDADES DEL GOBIERNO HAYA CESADO.

YO HE REHUSADO A REGISTRARME EN UN REFUGIO DE CUIDADOS ESPECIALES Y RECHAZO SER EVACUADO(A) DE MI CASA DURANTE EL PERIODO DE EMERGENCIA. ENTIENDO LOS RIESGOS QUE ASUMO CUANDO EL PERSONAL DE **SWEET & GENTLE HOME HEALTH CARE, CO** NO PROVEE CUIDADOS DURANTE LA EMERGENCIA DE DESASTRE. YO TAMBIEN ENTIENDO LOS RIESGOS DE PERMANECER EN MI CASA IGNORANDO LAS ORDENES EMANADAS DE LAS AUTORIDADES DEL CONDADO EN RELACION CON MI EVACUACION, COMPRENDO QUE **SWEET & GENTLE HOME HEALTH CARE, CO** NO ES RESPONSIBLE POR DAÑOS O PERJUICIOS QUE PUEDAN OCURRIR DURANTE EL DESASTRE.

FIRMA DEL PACIENT/REPRESENTANTE \_\_\_\_\_ MR# \_\_\_\_\_

FIRMA DEL REPRESENTANTE DE LA AGENCIA \_\_\_\_\_ MR# \_\_\_\_\_