



Personal Care Service Agreement and Disclosure Statement

AC Personal Care LLC | Nevada Private Pay Agreement

This Agreement and Disclosure Statement explains the non-medical personal care services AC Personal Care LLC will provide in Nevada, the payment terms, the rights of the Client, and the responsibilities of the parties. It is intended to support a clear and respectful working relationship while helping the Client remain safe and independent at home.

Effective date	
Agency	AC Personal Care LLC
Agency address	1735 N Nellis Blvd, Suite A, Las Vegas, NV 89115
Administrator	Olive Ejiofor
Office telephone	(725) 204-4713
Hourly rate	
Client	
Responsible Party	
Service address	
Phone and email	

1 Parties and Authority

This Agreement is between AC Personal Care LLC, referred to as the Agency, and the Client named above. If a Responsible Party signs for the Client, that person confirms that they have authority to arrange services and accept financial responsibility as stated in this Agreement. The Responsible Party does not become the Client unless identified as such above.

2 Nevada Disclosure and Nature of Services

AC Personal Care LLC provides non-medical personal care services to elderly persons and persons with disabilities to assist with activities of daily living under an individualized service plan. The Agency's license does not authorize it to manage a Client's medical or health condition if that condition becomes unstable or unpredictable. The Agency does not diagnose conditions, provide skilled nursing outside an employee's lawful credential and assigned scope, make medical decisions, or replace emergency or licensed clinical care.

Attendants are screened, qualified, oriented, trained, and evaluated in accordance with Nevada law and Agency policy. They receive training appropriate to the tasks assigned in the service plan, including client rights, safety, emergency response, infection control, reporting obligations, and the limits of personal care services. A Client may request additional information about the Agency's hiring and training policies.

Examples of services that may be selected include:

- Bathing, grooming, dressing, toileting, and other personal hygiene assistance
- Mobility, walking, transfer, positioning, and fall-prevention assistance within the Provider's training and the Client's care plan
- Meal planning, meal preparation, hydration reminders, and assistance with eating
- Medication reminders and other medication assistance only when authorized by Nevada law, Agency policy, the attendant's documented training, and the service plan
- Companionship, supervision, conversation, reading, and recreational activities
- Light housekeeping related to the Client's immediate needs, including laundry, dishes, and tidying
- Errands, shopping, and transportation only when specifically authorized and safely arranged
- Respite and routine safety observation, including reporting material changes to the Client or Responsible Party

3 Selected Services and Schedule

The parties select the following services and expected schedule. Changes may be made in writing, including by a dated care-plan update signed or initialed by both parties.

Authorized service or task	Instructions or limits

Service days	
Typical start time	
Typical end time	
Start date	
End date if any	
Primary contact	

4 Rate and Cash Pay Terms

The Client or Responsible Party will pay AC Personal Care LLC the hourly rate entered on page 1 for each hour of service actually provided. Time may be recorded to the nearest quarter hour. This is a private cash-pay arrangement. The Agency will not bill Medicare, Medicaid, private insurance, or another third-party payer under this Agreement.

Payment is due weekly each Thursday.

Cash payments will be acknowledged with a receipt showing the service date, hours, rate, amount paid, and any balance. Checks or electronic payments may be accepted only if the Agency agrees. The Client is responsible for keeping receipts for personal, tax, reimbursement, or benefit purposes.

No overtime rate, holiday rate, overnight flat rate, mileage charge, supply charge, or other fee will apply unless it is required by law or agreed to in a written amendment before the charge is incurred. Pre-approved purchases made for the Client will be reimbursed at actual cost when supported by a receipt. The Agency will provide at least 30 days' written notice before increasing the hourly rate unless a shorter period is required by a change in law or is accepted in writing by the Client or Responsible Party.

5 Time Records and Statements

The Agency will maintain a service record showing the date, arrival and departure times, total hours, and a brief description of services. The Client or Responsible Party may review and initial the record. Any billing question should be raised promptly so the parties can compare records and correct an error.

6 Cancellations and Missed Visits

The Client should give at least 24 hours' notice when cancelling a scheduled visit. If less notice is given, the Agency may charge up to two hours at the regular rate only when the time was reserved and could not reasonably be reassigned. No cancellation charge will apply for hospitalization, a documented emergency, unsafe conditions, or a cancellation initiated by the Agency. The Agency will give as much notice as reasonably possible if an attendant is unable to attend, follow its missed-visit procedure, and not charge for services not provided. During service hours, the Client may report a missed or late visit by calling the office telephone number listed on page 1.

7 Client Responsibilities

The Client and Responsible Party will provide accurate information about the Client's needs, routines, mobility, allergies, medications, emergency contacts, and known safety risks. They will provide a reasonably safe service environment, necessary household supplies and assistive devices, and clear access to the home. They will treat Agency personnel respectfully and will not request services that are unlawful, unsafe, or outside the agreed non-medical scope.

8 Safety and Emergencies

For an immediate threat to life or safety, Agency personnel may call 911, provide basic assistance within their training, and notify the emergency contact. The Client is responsible for emergency transportation and medical costs. Agency personnel may pause or end a visit if there is violence, harassment, illegal activity, uncontrolled animals, dangerous conditions, or a task that cannot be performed safely. Material incidents will be documented and reported to the Client or Responsible Party.

9 Medication and Health Changes

Medication assistance is limited to what Nevada law permits, what the attendant has been trained and found competent to perform, and what the service plan specifically authorizes. An attendant may not make dosage decisions or clinical judgments. Prohibited tasks include skilled nursing tasks outside the attendant's lawful scope, physical assessments, specialized feeding techniques, massage, toenail cutting, medical case management, and other tasks Nevada law reserves to licensed professionals. Significant changes in condition, falls, injuries, confusion, breathing difficulty, or suspected abuse or neglect will be reported as required.

10 Transportation and Errands

Transportation or errands are authorized only if selected in the service plan. Before using a vehicle, the parties will confirm the approved driver, vehicle, insurance, destination, and any mobility equipment. The Client will provide funds for purchases in advance when practical. Agency personnel will return receipts and unused funds. Personal funds and accounts will not be borrowed, commingled, or used for the benefit of the Agency or its personnel.

11 Privacy and Records

The Agency will use reasonable care to keep the Client's personal, health, financial, and household information private and will share it only as needed to provide services, obtain payment, respond to an emergency, comply with law, permit lawful regulatory review, or as authorized by the Client. Service and payment records will be stored with reasonable safeguards. The Client acknowledges that Nevada regulators may examine relevant client records as part of the regulation and evaluation of the Agency. This Agreement does not independently determine whether the Agency is a HIPAA-covered entity.

12 Nevada Client Rights

The Client has the right to receive considerate and respectful care that recognizes the Client's inherent worth and dignity; participate in developing and revising the service plan; receive an explanation and copy of the service plan; receive reasonable responses to requests for assistance within the service plan and program criteria; request information about Agency policies, charges, reimbursements, and service-plan decisions; communicate with advocates; voice grievances or complaints without retaliation; maintain privacy and confidentiality as required by law; and refuse a service to the extent permitted by law after being informed of reasonably foreseeable consequences. The Agency's separate Client Rights notice remains part of the Client's admission materials.

13 Grievances and Regulatory Complaints

A Client may raise a grievance, incident, billing concern, or complaint with the Agency administrator or designee by calling the office telephone number on page 1. The Agency will document and timely investigate the matter and notify the Client of the action taken or explain why no action was taken. The Client may also file a complaint about a licensed Nevada health facility with the Nevada Bureau of Health Care Quality and Compliance online at HealthFacilityComplaints.nv.gov or by calling (702) 668-3250. A complaint may be made without first completing the Agency's grievance process, and the Agency will not retaliate for a good-faith complaint.

14 Personal Property and Boundaries

Agency personnel will use the Client's property only as needed for authorized services and will report known loss or damage promptly. The Client should secure cash, jewelry, firearms, controlled substances, passwords, and other valuables. Agency personnel may not accept loans, become a beneficiary, use the Client's credit, or accept a gift of substantial value. Routine food or a small customary token may be accepted only when allowed by Agency policy and law.

15 No Guarantee of Outcome

The Agency will perform agreed services with reasonable care but does not guarantee a particular health, mobility, or independence outcome. The Client remains responsible for medical decisions and for obtaining licensed professional care when needed.

16 Term and Termination

This Agreement begins on the effective date and continues until ended. Either party may end it by giving seven days' written notice. The Agency may end or suspend services immediately for nonpayment, unsafe conditions, abuse or harassment, material breach, inability to staff safely, hospitalization or placement that makes services unnecessary, or a change in needs beyond the Agency's license or an attendant's lawful and competent scope. When practical, the Agency will notify the Client or Responsible Party of termination and help identify appropriate next steps. Amounts earned through the termination date remain due.

17 Nevada Law and General Terms

This Agreement and its signed care-plan updates are the complete agreement about these services and replace prior discussions on the same subject. A change must be in writing and accepted by both parties. If one provision is unenforceable, the remaining provisions will continue to apply. A delay in enforcing a provision is not a permanent waiver. Electronic and counterpart signatures may be treated as originals when permitted by law.

Governing law	State of Nevada
Additional terms	

18 Acknowledgment and Signatures

Each signer states that they have read this Agreement and Disclosure Statement, had an opportunity to ask questions, understand the hourly cash-pay rate entered on page 1, and agree to the terms above. By signing, the Client or Responsible Party acknowledges receipt of this Agreement, the service plan, the Agency's Client Rights notice, and grievance information. Each party should keep a completed copy.

Client signature	Date
Client printed name	Phone or email
Responsible Party signature if applicable	Date
Responsible Party printed name and relationship	Phone or email
AC Personal Care LLC representative signature	Date
Representative printed name and title	Phone or email

Attach additional care instructions, emergency information, and service records as needed.