



TRI-MED HOME CARE SERVICES, INC.

TRI-MED STAFFING, INC.

(TRI-MED)

EMPLOYMENT AND CONFIDENTIALITY AGREEMENT

This is an agreement between _____ and _____
(client) (Personal Care Assistant)

This defines the conditions of employment.

You employ me, as a participant in the Consumer Directed Program. I understand that I am directly responsible to you and not to TRI-MED.

I agree to work on the assigned days and times of my employment. I understand that I must contact you at least two hours before my assigned work in case of an illness or any other emergency.

I understand that I have to perform the tasks as listed on the care plan in a responsible, courteous, and prompt manner, and will be expected to represent your possessions, your lifestyle, and your home.

I understand that I must provide you with at least two week's notice in case of extended times off or termination of my employment.

I understand that no confidential information is to be discussed or disclosed in any way without permission of the agency or you the client.

Date: _____

Client Signature: _____

Personal Assistant Signature: _____