

**○○ Visiting Nurse Station  
Home Nursing (Long-Term Care Insurance)**

[personal proposal for reference]

**[Table of Contents in This Booklet]**

**Section 1. Explanation of Important Matters** .....pp. ○~○

(Contents)

1. Outline of the Provider (○○○○, ○○ Corporation) ..... p. ○
2. Outline of the Station (○○ Visiting Nurse Station) ..... p. ○
3. Meaning of home nursing and method of provision ..... p. ○
4. Amount of Service Fee, etc. and method of payment ..... p. ○
5. Points to note when using home nursing services ..... p. ○
6. Term of Home Nursing Agreements ..... p. ○
7. Termination of Home Nursing Agreements ..... p. ○
8. Confidentiality and handling of personal information ..... p. ○
9. Handling complaints ..... p. ○
10. Response in the event of an accident ..... p. ○
11. Records of home nursing provided ..... p. ○
12. Governing law and competent court in relation to Home Nursing Agreements ..... p. ○

**Section 2. Home Nursing Agreement** .....pp. ○~○

**Section 3. User Checks** ..... p. ○

**Section 4. Signatures** ..... p. ○

\* Numbers inside square brackets [ ] refer to page numbers in this booklet.

**User:** \_\_\_\_\_

○○○○, ○○ **Corporation**

(Booklet #1. ○ ○, ○)

## Section 1. Explanation of Important Matters

Following is an explanation of important matters that are necessary for a user of home nursing services (hereinafter referred to as the “User”) to select services. The User’s family members (hereinafter referred to as “Family Members”) should also check these matters.

### 1. Outline of the Provider

Following is an outline of ○○○○, ○○ Corporation (hereinafter referred to as the “Provider”).

**Table 1: Outline of the Provider**

Name of Provider	○○○○, ○○ Corporation
Name of representative	Representative: ○○○○
Address	○○○○○○○○
Phone number (switchboard)	○○○○-○○○○-○○○○
Date of establishment	○○ ○○, ○○
Business overview	In addition to home nursing services, preventive home nursing services and in-home long-term care support services provided under long-term care insurance, the Provider also operates home nursing services provided under medical insurance.

### 2. Outline of the Station

Following is an outline of the ○○ Visiting Nurse Station (hereinafter referred to as the “Station”).

#### (1) Name and address, etc. of the Station

**Table 2: Name and address, etc. of the Station**

Type of business	Designated home nursing services (long-term care insurance)			
Category of facility, etc.	Visiting nurse station			
Name of Station	○○ Visiting Nurse Station			
Address	○○○○○○○○			
Name of manager	○○○○			
Phone number (switchboard)	○○○○-○○○○-○○○○			
Date of designation, designation number	Designated on ○ ○, ○ ○○○○ Prefecture, Number ○○○○○○○○			
Date of establishment	○○ ○○, ○○			
Normal areas of service	○○○○, ○○○○, ○○○○, ○○○○			
Station business days	Monday to Saturday (excluding national holidays and December 29 – January 3)			
Station business hours	○:○○-○:○○			
Days on which services are provided	Same as Station business days above			
Time periods during which services are provided	Daytime	Early morning	Night	Late night
	8:00–18:00	6:00–8:00	18:00–22:00	22:00–6:00

Service provision systems	Systems are in place for each of the following supplements: enhancing service provision systems, emergency home nursing, special management, terminal care, and enhancing nursing systems.
Attached stations	Stations for designated preventive home nursing and designated in-home long-term care support are attached. The station also serves as a visiting nurse station for medical insurance.

Note: Users who live outside the “normal areas of service” above should also consult with us.

## **(2) Purpose of home nursing services**

The purpose of home nursing services is to support the convalescence of a user and to maintain and recover the user’s physical and mental functions and maintain or improve their functions necessary for engaging in social life, thereby enabling the user, as much as possible, to lead an independent daily life in their own home according to their abilities.

## **(3) Management policy for home nursing services**

- (i) Comply with the Long-Term Care Insurance Act and other relevant laws and regulations.
- (ii) Respect the wishes and personality of the User and provide home nursing always from the standpoint of the User.
- (iii) Set medical treatment goals and provide home nursing in a carefully planned manner so as to help reduce, or prevent the worsening of, the User’s state of need for long-term care.
- (iv) Periodically evaluate the quality of home nursing services, and constantly work to improve them.
- (v) In providing home nursing, endeavor to closely coordinate with the attending physician, in-home long-term care support providers and other providers of health care services or welfare services.

## **(4) Station equipment and supplies**

The Station has a dedicated office with enough space for conducting home nursing services. In addition, equipment and supplies necessary for providing home nursing are always on hand.

## **(5) Staffing, etc.**

The following personnel are assigned to the Station.

### **(i) Assignment of personnel**

**Table 3: Assignment of personnel**

Occupation	Qualification	Full-time	Part-time	Total
(a) Managers	Nurse			
(b) Employees engaged in the provision of nursing care	Nurse			
	Public health nurse			
	Assistant nurse			
	Physiotherapist			
	Occupational therapist			
	Speech therapist			
(c) Office staff				

**(ii) Duties of personnel**

- (a) Manager: Manages employees and services. However, also provides home nursing as circumstances demand.
- (b) Employee engaged in the provision of nursing care: Provides actual home nursing services.
- (c) Office staff: Performs clerical work related to the Station's services. May also visit homes as a nurse aide (someone who, under the guidance of (a) or (b) personnel engaged in the provision of nursing care, assists such nursing duties as providing care during convalescence, improving the living environment in the User's room, and keeping nursing supplies and consumables tidy and in order).

**(6) Service provision systems**

The following service provision systems are in place at the Station.

**(i) System related to the supplement for enhancing service provision systems**

- (a) Training plans are prepared for each category of nurse, etc., and in accordance with those plans, training (including external training) is conducted, or is scheduled to be conducted, for all nurses, etc. (personnel listed in (a) and (b) in Table 3 above; hereinafter the same in (i)).
- (b) Health examinations, etc. are periodically conducted for all nurses, etc.
- (c) At least 30% of the total number of nurses, etc. have worked continuously for three or more years.

For more details about this supplement, see Note 7 in Table 4 and Note 2 in Table 5 in 4. below [p. ○].

**(ii) System related to the supplement for emergency home nursing**

24-hour systems are in place to respond to requests for nursing advice made by the User or their Family Members, etc. via phone, etc. Systems are also in place to make emergency visits as required which are not part of a scheduled visit. Such responses are taken with the consent of the User.

For more details about this supplement, see Table 9 in 4. below [p. ○].

**(iii) System related to the supplement for special management**

Systems are in place to systematically manage the provision of home nursing for Users who require special management.

For more details about this supplement, see Table 10 in 4. below [p. ○].

**(iv) System related to the supplement for terminal care**

- (a) Systems are maintained ensuring 24-hour communication for Users receiving terminal care. In addition, systems are in place to provide home nursing as required.
- (b) In coordination with the attending physician, the plan and support system for terminal care in home nursing is explained to the User or their Family Members, etc., and terminal care is provided.
- (c) In relation to the provision of terminal care, necessary matters such as changes in the User's physical condition, are appropriately recorded.

For more details about this supplement, see Table 11 in 4. below [p. ○ to p. ○].

**(v) System related to the supplement for enhancing nursing systems (II)**

Systems for providing home nursing to Users with high medical needs are being enhanced.

For more details about this supplement, see Table 15 in 4. below [p. ○].

□ **3. Meaning of home nursing and method of provision**

**(1) Meaning of home nursing**

“Home nursing” refers to medical care or necessary medical assistance provided by a nurse, etc. (Note 1) in a User's home (Note 2) for Users who are in a state of need for long-term care and who are receiving long-term care in their homes (Note 3).

Note 1: Besides nurses, also includes public health nurses, assistant nurses, physiotherapists, occupational therapists, and speech therapists.

Note 2: Includes rooms in nursing homes for the elderly, low-cost homes for the elderly and fee-paying homes for the elderly.

Note 3: Limited to Users whose attending physician recognizes that their condition is in a stable stage with respect to the degree of need for

treatment, and that they require medical care or necessary medical assistance provided by nurses, etc. at home.

While home nursing is limited to Users who find going to hospital regularly as an outpatient difficult, it is also available to Users for whom, regardless of whether they are capable of going to hospital regularly or not, support at home is essential for their convalescence and for whom it is determined that home nursing needs to be provided as a result of care management. This excludes patients with diseases, etc. listed in the box below as well as users of home nursing that pertains to psychiatric home nursing and guidance fees and psychiatric home nursing basic medical expenses (users of psychiatric home nursing provided under medical insurance) because they are eligible for home nursing services provided under medical insurance. See 5. (1) below [p. ○].

Terminal malignancy, multiple sclerosis, myasthenia gravis, SMON, amyotrophic lateral sclerosis, spinocerebellar degeneration, Huntington's disease, progressive muscular dystrophy, Parkinson's disease-related disorders (meaning progressive supranuclear palsy, corticobasal degeneration and Parkinson's disease (limited to patients at stage 3 or higher on the Hoehn and Yahr severity scale and stage 2 or 3 on the scale of functional disability in activities of daily living)), multiple system atrophy (meaning striatonigral degeneration, olivopontocerebellar atrophy, and the Shy-Drager syndrome) , prion disease, subacute sclerosing panencephalitis, lysosomal storage disease, adrenoleukodystrophy, spinal muscular atrophy, bulbospinal muscular atrophy, chronic inflammatory demyelinating polyneuropathy, acquired immunodeficiency syndrome, cervical spine injury, and conditions requiring use of a respirator.

## **(2) Method for providing home nursing**

Once the consent of the User regarding the Explanation of Important Matters in relation to home nursing has been obtained, and an agreement between the User and the Provider in relation to the provision of home nursing (hereinafter referred to as the "Home Nursing Agreement") has been signed, the Provider, based on 2. (3) "Management policy for home nursing services" above, provides the User with home nursing services as follows.

### **(i) Written instructions of the attending physician**

At the start of providing home nursing, the Provider receives written instructions from the attending physician.

### **(ii) Drafting of the Home Nursing Plan**

A nurse prepares a draft of the Home Nursing Plan (meaning a document that describes the medical treatment goals plus details, etc. of the specific services for achieving those goals; hereinafter the same in this booklet) based on the instructions of the attending physician and the physical and mental condition of the User.

The Home Nursing Plan is drafted in line with the In-Home Services Plan if one

has been prepared.

In cases where designated home nursing is provided by a physiotherapist, occupational therapist, or speech therapist, the Home Nursing Plan and Home Nursing Report are prepared to include details provided by the physiotherapist, occupational therapist, or speech therapist in an integrated manner, and are prepared in cooperation between the nurse and physiotherapist, occupational therapist, or speech therapist.

**(iii) Consent of the User**

The nurse explains the proposed Home Nursing Plan to the User or their Family Members and obtains the User's consent in writing.

**(iv) Delivery of Home Nursing Plan to User**

The Home Nursing Plan for which the User's consent has been obtained is delivered by the nurse to the User.

**(v) Submission of Home Nursing Plan to attending physician**

The Provider regularly submits the Home Nursing Plan to the attending physician.

**(vi) Provision of home nursing**

Based on the Home Nursing Plan, the Provider provides home nursing using appropriate nursing techniques commensurate to medical advances, while maintaining close coordination with the attending physician.

In providing home nursing, the Provider briefs the User or their Family Members on matters necessary for medical treatment in a manner that is easy to understand.

In providing home nursing, the Provider constantly strives to accurately understand the User's condition, their physical and mental status, and the environment in which they are placed, and provides appropriate guidance to the User or their Family Members.

Nurses, etc. engaged in the provision of nursing care carry their ID with them and present it when visiting for the first time and whenever requested by the User or their Family Members.

For more information about emergency home nursing, special management, and terminal care, see (ii) to (iv) in 2. (6) above [p. ○].

**(vii) Provision of home nursing by physiotherapists, occupational therapists, or speech therapists**

If the focus is on rehabilitation as part of nursing services, home nursing is provided by a physiotherapist, occupational therapist, or speech therapist instead of the nurse or assistant nurse.

**(viii) Preparation of the Home Nursing Report, and submission to the attending physician**

The Home Nursing Report (meaning a document describing details such as the dates of visits and the nursing care provided) is prepared by the nurse, and

regularly submitted to the attending physician.

**(ix) Monitoring the implementation of home nursing, etc.**

The Provider monitors implementation of the Home Nursing Plan and makes changes to it as required while maintaining close coordination with the attending physician.

**(x) Home nursing manager**

The Station appoints a home nursing manager for each User. If the manager changes, the Station contacts the User in advance.

**(3) Response in an emergency, etc.**

In the event there is a sudden change, etc. in the User's condition while home nursing is actually being provided by the nurse, etc., in addition to provisionally providing first-aid treatment as required, the nurse, etc. also takes necessary measures such as promptly contacting the attending physician and requesting instructions.

**(4) Assistance in applying for renewal of certification of long-term care need**

When deemed necessary, the Provider provides necessary support so that the User can apply for renewal of the certification of long-term care need at least 30 days before validity of the current certification of long-term care need expires.

**4. Amount of Service Fee, etc. and method of payment**

**(1) Amount of Service Fee, etc.**

Users are required to pay the total amount of 1) User contribution or 2) Service fee, plus 4) Other expenses. In this booklet, these are collectively referred to as "Service Fee, etc."

**1) User contribution**

In cases where insurance benefits under the Long-Term Care Insurance Act are paid to the Provider on behalf of the User (Note), the user is required to pay the "User contribution" listed in Table 4 or Table 5 in 3), as part of the home nursing service fee. In addition, where there are grounds for any of the supplements listed in Table 6 to Table 14 in 3), the user is also required to pay the "User contribution" for the respective supplements.

The User contribution rate is the rate indicated on the Payment Rate Card issued by the municipality (10%, 20% or 30%).

Note: In the event that none of the cases in A to F listed in the Note in 2) below apply.

## 2) Service fees

In cases where insurance benefits under the Long-Term Care Insurance Act are not paid to the Provider on behalf of the User (Note), the user is required to pay the “service fees” listed in Table 4 or Table 5 in 3). In addition, where there are grounds for any of the supplements listed in Table 6 to Table 14 in 3), the user is also required to pay the “service fees” for the respective supplements. When the User pays a service fee, the Provider will issue the User with a “Certificate of Service Provision” (limited to cases where insurance benefits can be claimed from the municipality).

Note: In the event that any of the following cases applies.

- A. Where the User has not been certified as in need of long-term care
- B. Where the validity of the certification of long-term care need has lapsed
- C. Where notification has not been given to the municipality regarding the receipt of in-home long-term care support
- D. Where home nursing has not been designated in in-home services (care plan)
- E. Where home nursing has exceeded the maximum benefit payment according to the User’s state of need for long-term care
- F. Where insurance benefits under the Long-Term Care Insurance Act are restricted due to non-payment of premiums, etc.

## 3) Details of User contributions and service fees

If you have any questions or required more detailed information about the following items, contact the Station or your home nursing manager.

**Table 4: User contribution and service fee by duration (per visit)**

Duration	Less than 20 minutes	Less than 30 minutes	30–59 minutes	60-89 minutes
Service Fee, etc.				
<b>User contribution</b>	Amount according to User contribution rate			
<b>Service fee</b>	¥3,110	¥4,670	¥8,160	¥11,180

Note 1: These amounts are for nurses or public health nurses. Amounts for assistant nurses are as described in Note 4.

Note 2: Method for calculating the User contribution: Service fee - Service fee × User contribution rate (90/100, 80/100 or 70/100)

Note 3: Method for calculating the service fee: Service fee is calculated by multiplying the prescribed number of units by the price per unit (¥10), in accordance with the provisions specified by the Minister of Health, Labour and Welfare. When calculating the number of units, any fractions are rounded to the nearest whole unit, and when converting into monetary amounts, any fractions are rounded down to the nearest one yen.

- Note 4: In cases where home nursing is provided by an assistant nurse, calculations are made using a number of units equivalent to 90/100 of the prescribed number of units.
- Note 5: In cases where home nursing is provided to a User who resides in a building located on the same or adjacent premises as the Station, or in the same building as the Station (hereinafter referred to as a “building on the same premises, etc.” in this Note) (excluding Users who reside in a building where at least 50 monthly Users of the Station reside in buildings on the same premises, etc.), or to a User who resides in the same building where at least 20 monthly Users of the Station reside, the number of units is calculated equivalent to 90/100 of the prescribed number of units per visit. In cases where home nursing is provided to a User who resides in a building where at least 50 monthly Users of the Station reside in buildings on the same premises, etc. the number of units is calculated equivalent to 85/100 of the prescribed number of units per visit.
- Note 6: “Duration” is not the actual time spent for home nursing, but the standard time needed to provide the home nursing as detailed in the Home Nursing Plan.
- Note 7: Home nursing of less than 20 minutes is calculated in cases where the In-Home Services Plan or the Home Nursing Plan includes at least one home nursing visit per week by a nurse or public health nurse of at least 20 minutes.
- Note 8: The service fee amount is the amount after supplementing for enhancing service provision systems (supplement of 6 units per visit) (see 2. (6) (i) above [p. ○]).

**Table 5: User contribution and service fee (per visit) where visit is by a physiotherapist, etc.**

Service Fee, etc.	Visits	
	2 or fewer visits per day	More than 2 visits per day
<b>User contribution</b>	Amount according to User contribution rate	
<b>Service fee</b>	¥2,960	¥2,660

- Note 1: This is the Service Fee, etc. in cases where home nursing is provided by a physiotherapist, occupational therapist, or speech therapist. Home nursing by people in these occupations is conducted for at least 20 minutes per visit.
- Note 2: Calculations in Notes 2, 3 and 5–7 of Table 4 also apply in this case.

**Table 6: Supplement where home nursing is provided in the early morning, night, or late night (per visit)**

Reason for supplement (time period) Supplemental Service Fee, etc.	Early morning (6:00–8:00)	Night (18:00–20:00)	Late night (20:00–6:00)
<b>Supplemental User contribution</b>	Additional 25% to each User contribution listed in Tables 4 and 5	Additional 25% to each User contribution listed in Tables 4 and 5	Additional 50% to each User contribution listed in Tables 4 and 5
<b>Supplemental Service fee</b>	Additional 25% to each service fee listed in Tables 4 and 5	Additional 25% to each service fee listed in Tables 4 and 5	Additional 50% to each service fee listed in Tables 4 and 5

Note 1: Method for calculating the supplemental User contribution:  
 $\text{Supplemental service fee} - \text{Supplemental service fee} \times 10/100$   
 However, if the insurance benefit rate is not 90/100, that rate is used in the calculation.

Note 2: Method for calculating the supplemental service fee: Supplemental service fee is calculated by adding the basic number of units to the number of units obtained by multiplying the basic number of units by the supplemental ratio and multiplying this sum by the price per unit (¥10). When calculating the number of units, any fractions are rounded to the nearest whole unit, and when converting into monetary amounts, any fractions are rounded down to the nearest one yen.

Note 3: The supplement is added if the home nursing service starts during the time period subject to the supplement.

Note 4: See Note 3 of Table 9 regarding the relationship with emergency visits.

**Table 7: Supplement where home nursing is provided by more than one person (per visit)**

Supplemental Service Fee, etc.		Duration	
		Less than 30 minutes	30 minutes or longer
<b>Supplemental User contribution</b>		Amount according to User contribution rate	
<b>(I)</b>	<b>Supplemental Service fee</b>	¥2,540	¥4,020
<b>(II)</b>	<b>Supplemental Service fee</b>	¥2,010	¥3,170

Note 1: With the consent of the User or their Family Members, etc., home nursing by more than one person is provided in cases where: (a) it is recognized that home nursing by one person would be difficult due to physical reasons with respect to the User; (b) acts of violence, significantly disruptive behavior, or acts of property damage, etc. are recognized; or (c) there is another situation recognized as equivalent

to (a) or (b) judging from the circumstances, etc. of the User.

Note 2: (I) indicates the service fees in cases where more than one public health nurse, nurse, assistant nurse, physiotherapist, occupational therapist, or speech therapist provides home nursing to the same User at the same time.

Note 3: (II) indicates the service fees in cases where a nurse or other person listed in the previous note provides home nursing to the same User at the same time as a nurse aide (someone other than a nurse or other person listed in the previous note).

**Table 8: Supplement where extended home nursing is provided (per visit)**

Reason for supplement (aggregate duration)	Cases where, after home nursing of 60-89 minutes in duration has been provided, home nursing continues to be provided to a User requiring special management with respect to home nursing, and the total duration of the whole home nursing is 90 minutes or longer
Supplemental Service Fee, etc.	
<b>Supplemental User contribution</b>	Amount according to User contribution rate
<b>Supplemental Service fee</b>	¥3,000

Note: A “User requiring special management with respect to home nursing” is a person in any of the following situations.

- (a) The person is receiving at-home guided management for malignancy patients or at-home guided management for tracheotomy patients or is using a tracheal cannula or an indwelling catheter.
- (b) The person is receiving at-home guided management for self-peritoneal dialysis, at-home guided management for hemodialysis, at-home guided management for oxygen treatment, at-home guided management for intravenous hyperalimentation, at-home guided management for elemental diet tube feeding, at-home guided management for self-catheterization, at-home guided management for continuous positive airway pressure, at-home guided management for the self-management of pain, or at-home guided management for pulmonary hypertension patients.
- (c) The person has an artificial anus or artificial bladder.
- (d) The person has bedsores deeper than the dermis.
- (e) The person is recognized as needing an intravenous drip at least three days per week.

**Table 9: Supplement for emergency home nursing (per month)**

Reason for supplement	Cases where, with the consent of the User, systems are in place ensuring 24-hour communication for the User and their Family Members, etc., and where systems are in place to make emergency visits as required which are not part of a scheduled visit	
Supplemental Service Fee, etc.		
<b>Supplemental User contribution</b>	Amount according to User contribution rate	
<b>Supplemental Service fee</b>	¥5,740	

Note 1: For information on establishing a system related to the supplement for emergency home nursing, see 2. (6) (ii) above [p. ○].

Note 2: Depending on the situation, the Provider may respond by phone or may make an emergency visit, etc. as described in the following note. Such emergency visits are not always conducted.

Note 3: In the event an “emergency visit that is not part of a scheduled visit” is actually conducted, the Service Fee, etc. is calculated based on the prescribed number of units for that emergency visit (the Service Fee, etc. listed in Table 4 or 5; however if the visit is “less than 20 minutes,” calculations are made using “less than 30 minutes”; if the emergency visit is conducted by an assistant nurse, calculations are made using 90/100 of the prescribed number of units). In this case, supplements for home nursing provided in the early morning, night or late night are not assessed (see Table 6). However, regarding second and subsequent emergency visits made within one month for a User with a condition for which the supplement for special management in the following table is assessed, supplements for home nursing provided in the early morning, night or late night are assessed.

**Table 10: Supplement for special management (per month)**

Reason for supplement	Cases where the Station has systematically managed the provision of home nursing for a User requiring special management with respect to home nursing	
Supplemental Service Fee, etc.	Supplement for special management (I)	Supplement for special management (II)
<b>Supplemental User contribution</b>	Amount according to User contribution rate	
<b>Supplemental Service fee</b>	¥5,000	¥2,500

Note 1: The supplement for special management (I) is a supplement assessed where the provision of home nursing has been systematically managed for a User with a condition listed in Note (a) of Table 8 above.

Note 2: The supplement for special management (II) is a supplement assessed where the provision of home nursing has been systematically managed for a User with a condition listed in Note (b),

(c), (d) or (e) of Table 8 above (for information on this and the previous note, see 2. (6) (iii) above [p. ○]).

**Table 11: Supplement for terminal care (month of death)**

Reason for supplement	Cases where a User who dies at home was provided terminal care by the Station for at least two days on the day of death or within 14 days prior to the day of death (or for at least one day in cases where home nursing was provided to the said User on the day of death or within 14 days prior to the day of death) (including cases where the User died outside their home within 24 hours of being provided terminal care).
Supplemental Service Fee, etc.	
<b>Supplemental User contribution</b>	Amount according to User contribution rate
<b>Supplemental Service fee</b>	¥20,000

Note 1: “The said User” is limited to a User with a terminal malignancy or any of the following conditions:

- (a) Multiple sclerosis , myasthenia gravis, SMON, amyotrophic lateral sclerosis, spinocerebellar degeneration, Huntington’s disease, progressive muscular dystrophy, Parkinson’s disease-related disorders (meaning progressive supranuclear palsy, corticobasal degeneration and Parkinson’s disease (limited to patients at stage 3 or higher on the Hoehn and Yahr severity scale and stage 2 or 3 on the scale of functional disability in activities of daily living)), multiple system atrophy (meaning striatonigral degeneration, olivopontocerebellar atrophy, and the Shy-Drager syndrome) , prion disease, subacute sclerosing panencephalitis, lysosomal storage disease, adrenoleukodystrophy, spinal muscular atrophy, bulbospinal muscular atrophy, chronic inflammatory demyelinating polyneuropathy, acquired immunodeficiency syndrome, cervical spine injury, and conditions requiring use of a respirator
- (b) Acute exacerbation or other conditions recognized by the said User’s attending physician as requiring frequent home nursing in the short term

Note 2: For information on establishing a system related to the supplement for terminal care, see 2. (6) (iv) above [p. ○].

**Table 12: Initial supplement (one month)**

Reason for supplement	Cases where the Station provides home nursing to a User, for whom a new Home Nursing Plan has been prepared, for the first time or in the month containing the date on which the initial home nursing was provided
Supplemental Service Fee, etc.	
<b>Supplemental User contribution</b>	Amount according to User contribution rate
<b>Supplemental Service fee</b>	¥3,000

Note: The initial supplement is a supplement assessed where the User has not been provided home nursing (including home nursing services provided under medical insurance) from the Station during the past two months, and for whom a new Home Nursing Plan has been prepared.

**Table 13: Supplement for joint guidance at discharge (in principle, once per discharge)**

Reason for supplement	Cases where a nurse, etc. (excluding an assistant nurse) at a Station provides joint guidance at discharge at the time of discharge for a User currently admitted to a hospital, clinic, healthcare facility for the elderly requiring long-term care or integrated facility for medical and long-term care, and later visits that User for the first time after being discharged
Supplemental Service Fee, etc.	
<b>Supplemental User contribution</b>	Amount according to User contribution rate
<b>Supplemental Service fee</b>	¥6,000

Note 1: “Joint guidance at discharge” refers to an attending physician together with other practitioners at a hospital, clinic, healthcare facility for the elderly requiring long-term care or integrated facility for medical and long-term care jointly giving a User, or the person in charge of nursing that User, necessary guidance for their treatment at home, and providing that guidance in writing.

Note 2: Although the supplement is assessed at each discharge, for Users who require special management (that is, Users with a condition specified by the Minister of Health, Labour and Welfare; see the Note in Table 8 above), if joint guidance at discharge is provided on multiple days, the supplement is added only twice.

Note 3: When calculating the initial supplement of Table 12 above, the supplement for joint guidance at discharge is not assessed.

**Table 14: Supplement for enhancing cooperation between nursing personnel and long-term care personnel (once per month)**

Reason for supplement	Cases where, in cooperation with a home-visit nursing care provider that is registered under the provisions of the Certified Social Worker and Certified Care Worker Act, a Station provides support to facilitate a home carer, etc. from the home-visit nursing care provider in carrying out activities for the User which are specified by Order of the Ministry of Health, Labor and Welfare, such as the suction of phlegm from inside the mouth, under the direction of a physician
Supplemental Service Fee, etc.	
<b>Supplemental User contribution</b>	Amount according to User contribution rate
<b>Supplemental Service fee</b>	¥2,500

**Table 15: Supplement for enhancing nursing systems (II)**

Reason for supplement	Cases where a Station that has notified the prefectural governor that it conforms to standards specified by the Minister of Health, Labour and Welfare has enhanced systems for providing home nursing to Users with high medical needs
Supplemental Service Fee, etc.	
<b>Supplemental User contribution</b>	Amount according to User contribution rate
<b>Supplemental Service fee</b>	¥3,000 per month

Note: "Standards specified by the Minister of Health, Labour and Welfare" means that it conforms with all of the following standards:

- (i) During the six months prior to the month in which the calculation date occurs, the percentage of all Users at the Station for whom the supplement for emergency home nursing (Table 9) was calculated was at least 50%.
- (ii) During the six months prior to the month in which the calculation date occurs, the percentage of all Users at the Station for whom the supplement for special management (Table 10) was calculated was at least 30%.
- (iii) During the 12 months prior to the month in which the calculation date occurs, there was at least one User at the Station for whom the supplement for terminal care (Table 11) was calculated.

#### 4) Other expenses

Each of the expenses listed in Table 16 are to be borne by the User.

**Table 16: Other expenses**

Details of service, etc.	Expense
<b>Transportation expenses</b> Home nursing provided at a home located in an area outside the “normal areas of service” listed in Table 2 ([p. ○])	Actual costs of transportation
<b>Delivery of copies</b> The User may request a copy of records regarding the provision of home nursing	1 x black-and-white copy (A4): ¥○ (excl. tax)
	1 x black-and-white copy (A3): ¥○ (excl. tax)
	1 x color copy (A4): ¥○ (excl. tax)
	1 x color copy (A3): ¥○ (excl. tax)

**(2) Method of payment for Service Fee, etc.**

The Provider calculates the total amount of Service Fee, etc. for each month, and sends an invoice for the month in which home nursing was used, by the 20th of the following month.

The User is required to pay for the month of home nursing by the last day of the following month by way of account transfer from the financial institution designated by the User.

Service Fees, etc. for periods of less than one month are calculated based on the number of days used.

**(3) Change in Service Fee, etc.**

- (i) In the event of changes in the Long-Term Care Insurance Act or in the provisions of the Minister of Health, Labour and Welfare or systems based on the Act, the Provider may change the User contribution and service fee amounts described in 4. (1) above.
- (ii) In the event of price fluctuations or other unavoidable circumstances, the Provider may change the respective amounts of “Other expenses” described in 4. (1) above.
- (iii) In the event the Provider will change the amount of Service Fee, etc. in accordance with (i) or (ii), the Provider shall explain the reasons and details of the change to the User in advance.

□ <b>5. Points to note when using home nursing services</b>
-------------------------------------------------------------

Users and their Family Members are asked to cooperate in the smooth provision of home nursing services by taking heed of the following points.

**(1) Persons eligible for home nursing services provided under medical insurance**

Patients with diseases, etc. listed in the box below as well as users of psychiatric home nursing provided under medical insurance cannot use home nursing provided under long-term care insurance because they are eligible for

home nursing services provided under medical insurance (see Note 2 in 3. (1) above [p. ○]). In this case, please contact the Station for advice.

Terminal malignancy, multiple sclerosis, myasthenia gravis, SMON, amyotrophic lateral sclerosis, spinocerebellar degeneration, Huntington's disease, progressive muscular dystrophy, Parkinson's disease-related disorders (meaning progressive supranuclear palsy, corticobasal degeneration and Parkinson's disease (limited to patients at stage 3 or higher on the Hoehn and Yahr severity scale and stage 2 or 3 on the scale of functional disability in activities of daily living)), multiple system atrophy (meaning striatonigral degeneration, olivopontocerebellar atrophy, and the Shy-Drager syndrome), prion disease, subacute sclerosing panencephalitis, lysosomal storage disease, adrenoleukodystrophy, spinal muscular atrophy, bulbospinal muscular atrophy, chronic inflammatory demyelinating polyneuropathy, acquired immunodeficiency syndrome, cervical spine injury, and conditions requiring use of a respirator.

**(2) Where the attending physician has given special instructions**

If the attending physician has given special instructions that the User requires frequent home nursing in the short term due to acute exacerbation, etc. (issuance of Special Instructions), since the home nursing will be covered by medical insurance for up to 14 days from the date of issuance, during this time, home nursing provided under long-term care insurance cannot be used. In this case, please contact the Station for advice.

**(3) When using other visiting nurse stations**

If you intend to use another visiting nurse station, please advise us as services will need to be coordinated.

**(4) Provision of accurate information on the User's condition and their physical and mental status, etc.**

In order to provide appropriate services according to the User's condition and their physical and mental status, etc., please provide as much accurate relevant information as possible.

**(5) Free use of electricity, gas, water, etc.**

- (i) When necessary for the purpose of providing home nursing, nurses, etc. will use electricity, gas, water, etc. free of charge.
- (ii) When necessary to contact the Station, etc. with respect to the provision of home nursing, nurses, etc. will use the phone free of charge.

**(6) Communication when cancelling home nursing**

If you wish to cancel the use of home nursing on a specific date, please contact us by ○:00 on the business day preceding the date on which you wish to cancel (phone number: ○○○○-○○○○-○○○○). This will, however, not apply in the case of emergency hospitalization or other unavoidable circumstances. Furthermore, if you wish to cancel the use of home nursing on a Monday, since Sundays are

not a business day, the preceding business day would be the Saturday. Similarly, if you wish to cancel the use of home nursing on January 3, the preceding business day would be December 28 in the previous year.

## **(7) Prohibited acts**

In using home nursing, the following acts are not permitted.

- (i) Acts that cause, or may cause, physical or mental harm to nurses, etc.
- (ii) Acts that interfere, or may interfere, with operations of the Provider or the Station
- (iii) Other acts that impede, or may impede, the provision of appropriate home nursing

## **□ 6. Term of Home Nursing Agreements**

The Term of the Home Nursing Agreement shall be from the date specified in the Home Nursing Agreement until the date on which validity of the User's certification of long-term care need expires.

The Home Nursing Agreement will terminate upon expiry of the term of agreement. However, the agreement shall be automatically renewed under the same conditions, unless the User makes an application to the Provider to terminate the agreement by the date on which the term of agreement expires. The same shall also apply after renewal.

## **□ 7. Termination of Home Nursing Agreements**

### **(1) Due termination of the Home Nursing Agreement**

Even during the term of agreement, the Home Nursing Agreement will duly terminate for the following reasons:

- (i) The category of the User's state of need for long-term care is determined to be "independent" or "support required"
- (ii) The attending physician recognizes that there is no need for home nursing
- (iii) The User is admitted to a welfare facility for the elderly requiring long-term care, a healthcare facility for the elderly requiring long-term care, or a sanatorium ward
- (iv) The User has started using care in a small group home setting for the elderly with dementia
- (v) The User has died
- (vi) Provision of home nursing has become impossible due to destruction or serious damage to the Station
- (vii) The Station has had its designation revoked pursuant to the Long-Term Care Insurance Act

## **(2) Termination by the User cancelling the agreement**

The User may terminate the Home Nursing Agreement by making a request for cancellation to the Provider at least 30 days prior to the termination date. However, in any of the following cases, the User may terminate the agreement immediately by making a request for cancellation:

- (i) The User has been admitted to hospital
- (ii) The Provider has violated its obligations specified in the Home Nursing Agreement
- (iii) There are other unavoidable circumstances.

## **(3) Termination by the Provider cancelling the agreement**

The Provider may cancel the Home Nursing Agreement in any of the following cases:

- (i) The User has delayed payment of the Service Fee, etc. for at least three months, and despite the Provider giving notice specifying a reasonable period of time, the User has failed to make payment within that period of time
- (ii) The User or their Family Members have committed any of the prohibited acts described in 5. (7) above [p. 3], and provision of home nursing to the User has become extremely difficult.

## **(4) Termination by the Provider cancelling the agreement due to discontinuation, etc. of services**

Where the Provider discontinues, suspends, or reduces its home nursing services (including reductions in areas of service), it may cancel the Home Nursing Agreement by making a request for cancellation at least 30 days prior to the termination date.

## **(5) Cooperation at the termination of agreement, etc.**

At the time of termination of the Home Nursing Agreement, in addition to giving appropriate guidance to the User or their Family Members, the Provider strives to provide information to the attending physician and in-home long-term care support provider and to cooperate with health care services or welfare services.

# **8. Confidentiality and handling of personal information**

## **(1) Confidentiality**

The Provider takes necessary measures to ensure that its current or former employees do not divulge secrets about the User or their Family Members, which they have learned in the course of providing home nursing, to a third party without justifiable cause. The same applies even after the agreement is

terminated.

**(2) Handling of personal information**

The Provider handles the personal information of the User or their Family Members, etc. in an appropriate manner in compliance with the Act on the Protection of Personal Information and other relevant laws and regulations.

**9. Handling complaints**

**(1) Provider’s system for handling complaints**

The Provider handles complaints as described below.

Person responsible for handling complaints	Manager of the Station
System for handling complaints	Complaints are accepted during the business hours of the Station (see Table 2 [p. ○]) Complaints can be made via: Phone: ○○○○—○○○○—○○○○ Fax: ○○○○—○○○○—○○○○ Interview at the Station or the User’s home
Basic method for handling complaints	Upon receipt of a complaint, the Provider promptly confirms the facts relating to the complaint, and based on those results, examines and formulates necessary improvement measures, and briefs the User or their Family Members. In addition, the Provider implements the improvement measures, and subsequently checks the implementation status of those measures, and strives to prevent recurrence.

**(2) Government agencies and other grievance bodies**

The following organizations are also available as grievance bodies external to the Provider.

○○ City Long-Term Care Insurance Section	Address: ○○○○○○○○ Phone: ○○○○—○○○○—○○○○
○○ Prefecture Federation of National Health Insurance Associations	Address: ○○○○○○○○ Phone: ○○○○—○○○○—○○○○

□ **10. Response in the event of an accident**

**(1) Emergency contact and other necessary measures**

In the event an accident occurs as a consequence of providing home nursing to the User, the Provider immediately contacts the municipality, the User's Family Members, the in-home long-term care support provider, etc., and takes necessary measures.

**(2) Analyzing the cause of the accident and measures to prevent recurrence**

The Provider analyzes the causes of an accident that occurs as a consequence of providing home nursing and implements measures to prevent recurrence.

**(3) Compensation for damages**

In the event the Provider violates its obligations specified in the Home Nursing Agreement subsequently causing damage to the User, the Provider shall promptly compensate the User for that damage. However, where the damage is due to circumstances not attributable to the Provider, the Provider shall not be liable to compensate for the damage.

□ **11. Records of home nursing provided**

**(1) Maintenance and retention of records**

The Provider maintains records regarding the provision of home nursing to the User and retains those records for a period of ○ years after the termination of the Home Nursing Agreement.

**(2) Inspection or copying of records**

The User may make a request to the Provider to inspect or copy the records regarding the provision of home nursing. In this case, the Provider responds appropriately in accordance with the Act on the Protection of Personal Information and other relevant laws and regulations. Costs for copying are borne by the User as described in 4. (1) 4) above ([p. ○]).

□ **12. Governing law and competent court in relation to Home Nursing Agreements**

**(1) Governing law**

The Home Nursing Agreement shall be regulated and construed in accordance with the laws of Japan.

## (2) Jurisdiction

All disputes arising from or with respect to the Home Nursing Agreement are subject to the exclusive jurisdiction of the ○○ District Court in Japan.

The Provider has explained the important matters above, and the User has agreed to them.

(Person providing explanation at Provider)  
(User)  
(User's representative)

} Please add your signature and seal  
in the Signatures section ([p. ○])

## Section 2. Home Nursing Agreement

\_\_\_\_\_ (hereinafter referred to as the “User”) and ○○○○, ○○ Corporation, as mentioned in part 1. of Section 1. Explanation of Important Matters (hereinafter referred to as “Important Matters”) above (hereinafter referred to as the “Provider”), enter into a home nursing agreement (hereinafter referred to as the “Agreement”) as follows. Numbers inside square brackets [ ] refer to page numbers in this booklet.

### **(Purpose of this agreement) [p. ○]**

Article 1 The Provider promises that the Station mentioned in part 2. of Important Matters (hereinafter referred to as the “Station”) will provide home nursing to the User in accordance with the Long-Term Care Insurance Act, enabling the User, as much as possible, to lead an independent daily life in their own home according to their abilities, and the User requests this.

### **(Meaning of home nursing) [p. ○]**

Article 2 The meaning of “home nursing” shall be as described in Important Matters 3. (1).

### **(Method for providing home nursing) [p. ○ to p. ○]**

Article 3 The Provider shall provide home nursing to the User in accordance with the method of provision described in Important Matters 3. (2).

### **(Response in an emergency, etc.) [p. ○]**

Article 4 In the event there is a sudden change, etc. in the User’s condition while home nursing is actually being provided, the Provider shall take necessary measures such as promptly contacting the attending physician and requesting instructions, as described in Important Matters 3. (3).

### **(Assistance in applying for renewal of certification of long-term care need) [p. ○]**

Article 5 When deemed necessary, the Provider shall provide necessary support to the User so that they can apply for renewal of the certification of long-term care need as described in Important Matters 3. (4).

### **(Payment of and changes to the Service Fee, etc.) [p. ○ to p. ○]**

Article 6 1. The User shall pay the Service Fee, etc. mentioned in Important Matters 4. (1) (including the User contributions or service fees pertaining to supplements) to the Provider in accordance with the payment method described in Important Matters 4. (2); provided, however, that the User shall pay the following checked () User contributions or service fees pertaining to supplements listed in Important Matters 4. (1).

- Early morning supplement (Table 6 in Important Matters 4. (1) 3) [p. ○])

- Night supplement (Table 6 in Important Matters 4. (1) 3) [p. ○]
  - Late night supplement (Table 6 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for home nursing provided by more than one person (Table 7 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for extended home nursing (Table 8 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for emergency home nursing (Table 9 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for special management (I) (Table 10 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for special management (II) (Table 10 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for terminal care (Table 11 in Important Matters 4. (1) 3) [p. ○]
  - Initial supplement (Table 12 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for joint guidance at discharge (Table 13 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for enhancing cooperation between nursing personnel and long-term care personnel (Table 14 in Important Matters 4. (1) 3) [p. ○]
  - Supplement for enhancing nursing systems (II) (Table 15 in Important Matters 4. (1) 3) [p. ○]
2. The Provider may change the amount of Service Fee, etc. as described in Important Matters 4. (3).

**(Important points for Users) [p. ○ to p. ○]**

Article 7 The User shall use home nursing in accordance with each of the important points listed in Important Matters 5(7).

**(Term of the Agreement) [p. ○]**

Article 8 1. The term of the Agreement shall be from ○ ○, ○ to the date on which validity of the User's certification of long-term care need expires.

2. The agreement shall be automatically renewed under the same conditions as the Agreement, unless the User makes an application to the Provider to terminate the agreement by the date on which the term of agreement in the preceding paragraph expires, as described in Important Matters 7. The same shall also apply after renewal.

**(Due termination of the Agreement) [p. ○]**

Article 9 Even during the term of agreement described in the previous Article, as described in Important Matters 8. (1), the Agreement shall duly terminate when any of the following events occurs:

- (i) The category of the User's state of need for long-term care is determined to be "independent" or "support required"
- (ii) The attending physician recognizes that the User does not need home nursing
- (iii) The User is admitted to a welfare facility for the elderly requiring

long-term care, a healthcare facility for the elderly requiring long-term care, or a sanatorium ward

- (iv) The User has started using care in a small group home setting for the elderly with dementia
- (v) The User has died
- (vi) Provision of home-visit nursing care has become impossible due to destruction or serious damage to the Station
- (vii) The Station has had its designation pursuant to the Long-Term Care Insurance Act revoked

**(Cancellation by the User) [p. ○]**

Article 10 The User may terminate the Agreement by making a request for cancellation at least ○ days prior to the termination date as described in Important Matters 8. (2); provided, however, that, as also described, the User may terminate the Agreement immediately by making a request for cancellation in any of the following cases:

- (i) The User has been admitted to hospital
- (ii) The Provider has violated its obligations specified in the Agreement
- (iii) There are other unavoidable circumstances.

**(Cancellation by the Provider) [p. ○]**

Article 11 1. The Provider may cancel the Agreement in any of the following cases as described in Important Matters 8. (3):

- (i) The User has delayed payment of the Service Fee, etc. for at least three months, and despite the Provider giving notice specifying a reasonable period of time, the User has failed to make payment within that period of time
  - (ii) The User or their Family Members have committed any of the prohibited acts described in Important Matters 5. (7), and provision of home nursing to the User has become extremely difficult.
2. Notwithstanding the provisions of the preceding paragraph, as described in Important Matters 8. (4), where the Provider discontinues, suspends, or reduces its home nursing services (including reductions in areas of service), it may cancel the Agreement by making a request for cancellation at least ○○ days prior to the termination date.

**(Cooperation at the termination of agreement, etc.) [p. ○]**

Article 12 At the time of termination of the Agreement, in addition to giving appropriate guidance to the User or their Family Members, the Provider shall strive to provide information to the attending physician and in-home long-term care support provider and to cooperate with health care services or welfare services, as described in Important Matters 8. (5).

**(Confidentiality, etc. [p. ○]**

Article 13 1. The Provider shall take necessary measures to ensure that its current or former employees do not divulge secrets about the User or their

- Family Members, which they have learned in the course of providing home nursing, to a third party without justifiable cause, as described in Important Matters 9. (1). The same shall apply even after the Agreement is terminated.
2. The Provider shall handle the personal information of the User or their Family Members, etc. in an appropriate manner as described in Important Matters 9. (2).

**(Handling complaints) [p. ○]**

Article 14 The Provider shall handle complaints regarding the provision of home nursing as described in Important Matters 10.

**(Response in the event of an accident) [p. ○]**

Article 15 In the event an accident occurs as a consequence of providing home nursing, the Provider shall take necessary measures as described in Important Matters 11. (1) and (2).

**(Liability for damages) [p. ○]**

Article 16 In the event the Provider violates its obligations specified in the Agreement subsequently causing damage to the User, the Provider shall promptly compensate the User for that damage as described in Important Matters 11. (3); provided, however, that where the damage is due to circumstances not attributable to the Provider, the Provider shall not be liable to compensate for the damage, as described in Important Matters 11. (3).

**(Maintenance and retention of records, etc.) [p. ○]**

- Article 17
1. The Provider shall maintain records regarding the provision of home nursing to the User and shall retain those records for a period of ○ years after the termination of the Agreement, as described in Important Matters 12. (1).
  2. The User may make a request to the Provider to inspect or copy the records set forth in the preceding paragraph, as described in Important Matters 12. (2). In this case, the Provider shall respond appropriately in accordance with the Act on the Protection of Personal Information and other relevant laws and regulations.
  3. Costs for copying as set forth in the preceding paragraph shall be borne by the User as described in Important Matters 4. (1) 4).

**(Governing law) [p. ○]**

Article 18 The Agreement shall be regulated and construed in accordance with the laws of Japan.

**(Jurisdiction) [p. ○]**

Article 19 All disputes arising from or with respect to the Agreement shall be subject to the exclusive jurisdiction of the ○○ District Court in Japan.

**(Discussion)**

Article 20 In the event problems arise in relation to a matter not stipulated in the Agreement, the Provider and the User shall hold talks in good faith in accordance with the provisions of the Long-Term Care Insurance Act and other relevant laws and regulations.

In witness whereof, this Agreement has been prepared in duplicate, and the Provider and the User shall each retain one copy.

(User)  
(User's representative)  
(Provider) } Please add your signature and seal  
in the Signatures section ([p. 01])

## Section 3. User Checks

\* Check () the items you have been briefed about.

- Outline of the Provider (○○○○, ○○ Corporation)**
  - ... Explanation of Important Matters p. ○
- Outline of the Station (○○ Visiting Nurse Station)**
  - ... Explanation of Important Matters p. ○
- Meaning of home nursing and method of provision**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Articles 1–5 (p. ○)
- Amount of Service Fee, etc. and method of payment**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Article 6 (p. ○)
- Points to note when using home nursing services**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Article 7 (p. ○)
- Term of Home Nursing Agreements**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Article 8 (p. ○)
- Termination of Home Nursing Agreements, etc.**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Articles 9–12 (p. ○)
- Confidentiality and handling of personal information**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Article 13 (p. ○)
- Handling complaints**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Article 14 (p. ○)
- Response in the event of an accident**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Articles 15 and 16 (p. ○)
- Records of home nursing provided**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Article 17 (p. ○)
- Governing law and competent court in relation to Home Nursing Agreements**
  - ... Explanation of Important Matters p. ○, Home Nursing Agreement Articles 18 and 19 (p. ○)

## Section 4. Signatures

\* Check () the applicable boxes .

### 1. Provider Signatures

- At the start of providing home nursing, the Provider explained the important matters to the User or their Family Members as per Section 1. Explanation of Important Matters and explained the details of the agreement as per Section 2. Home Nursing Agreement.

oo oo, oo

Address      oooooooooo  
Provider      oooo, oo Corporation  
Station      oo Visiting Nurse Station

Person providing explanation \_\_\_\_\_

- The Provider has entered into an agreement with the User as per Section 2. Home Nursing Agreement.

oo oo, oo

Address      oooooooooo  
Provider      oooo, oo Corporation  
Station      oo Visiting Nurse Station  
Provider representative      oooo

### 2. User Signatures

- I have been briefed by the Provider about important matters as per Section 1. Explanation of Important Matters, and I agree to them.

oo oo, oo

- I have been briefed by the Provider about the details of the agreement as per Section 2. Home Nursing Agreement, and I have entered into an agreement with the Provider as per the Home Nursing Agreement.

oo oo, oo

(User) Address \_\_\_\_\_

Full name \_\_\_\_\_

- (Person writing on behalf of User)

- (User's representative)

Address \_\_\_\_\_

Full name \_\_\_\_\_