

TERMS OF AGREEMENT FOR SALLY FRASER - END OF LIFE CONSULTANT

This agreement is written with the intention of providing guidelines and outlining realistic expectations for the scope of services provided by **Sally Fraser End of Life Consultant**.

As an End-of-Life Consultant, I provide an additional layer of nonmedical support, advocacy, and education to a client or family caregiver. "Family caregiver" in this document refers to a spouse, family member, partner, or friend who is the primary person assisting with care. I am independent, insured, self-employed, and work for the client, not a specific hospice, palliative care organisation, hospital, assisted living, or skilled nursing facility. I am a qualified Social Worker and do not provide medical services or have medical training.

SERVICES OFFERED

- Health Care Advocacy
- Advance Care Planning
- End of Life Planning
- Legacy Services
- Keeping Vigil
- Bereavement Support
- ETC

See detailed descriptions of each service on the website: [Insert Website Link Here]

LIMITATION OF SERVICES:

AS AN END OF LIFE CONSULTANT, I DO NOT:

1. Perform clinical tasks, such as taking blood pressure, dressing wounds, catheter care, or breathing treatments.
2. Administer medication of any kind, including pre-filled oral syringes ordered by a healthcare provider.
3. Make any medical or nonmedical decisions for clients. I will assist with helping to get the necessary information and resources to better prepare clients to make informed decisions. If there are questions, or advice needed about medical care, the client will be directed and assisted to contact the medical team.
4. Speak to medical staff or providers on behalf of a client. I will coach and counsel and encourage the client or family caregiver to voice opinions, questions, and concerns to their medical providers.

MEDICAL EMERGENCIES

In the event of a medical emergency, you should contact your licensed healthcare provider or call 000. If you are in crisis or feeling suicidal, you can reach out to a crisis hotline such as [Insert Crisis Hotline Information].

RESPONSIBILITY OF THE CLIENT/FAMILY CAREGIVER

- Texts, phone calls, and emails are all appropriate methods of communication.
- If you need to reschedule a session, please notify me as soon as possible, via text or email.
- PLEASE DO NOT EMAIL ME WITH URGENT OR TIME-SENSITIVE INFORMATION, QUESTIONS, OR CONCERNS.
- If you text an urgent issue, please write: "URGENT" at the beginning of the text.
- If for any reason you decide to discontinue working with **Sally Fraser End of Life Consultant**, please communicate this as soon as possible.

RESPONSIBILITY OF THE END OF LIFE CONSULTANT

- **Model of Care** – As outlined, it is a collaborative, nonmedical, nonjudgmental, family-centered role with a holistic approach that can help empower clients and their caregivers to make informed decisions.
- **Confidentiality**: It is my professional responsibility to maintain confidentiality regarding any identifying personal or medical information that is shared with me. However, I am a mandated reporter, meaning that if there is any suspicion of child, vulnerable adult, or elder abuse or neglect, it must be reported to the relevant authorities. Any notes or records will be kept confidential and in a secured location.
- **Respect**: Clients and/or family caregivers should expect to be treated with respect, dignity, and compassion always. I will hear and honor family and friends, and advocate that everyone has a right to self-determination and participation in their own care.
- **Response Time**: I will make every attempt to respond to phone calls/voicemails and texts within one hour. If you do not hear back in that timeframe, please recontact me. I will respond to emails within 24 hours.
- **Availability**: I will make every attempt to be available as needed when issues arise, but I am not able to provide 24-hour on-call service. Arrangements can be made outside of those hours on a case-by-case basis.

LIABILITY

I/we understand that **Sally Fraser End of Life Consultant** has a limited role pursuant to the description of tasks outlined in the above-referenced contract for services provided to me/us. **Sally Fraser End of Life Consultant** has not represented to me/us that contracting for services guarantees in any way a problem-free death experience. I/we understand that my/our End of Life Consultant(s) do not make medical decisions on my/our behalf, including the decision of when/if to seek medical care.

In consideration of the above acknowledgments, I/we (both jointly and separately) on behalf of myself, ourselves, my/our heirs, administrators, personal representatives, executors, and assigns, release and forever discharge **Sally Fraser End of Life Consultant** from all damages, liability, or causes of actions, either at law or in equity, which I/we may have or acquire, or which may accrue to me/us, my/our heirs, administrators, personal representatives, executors, or assigns as a result of using the End of Life Consultant services.

FEES

A weekly or monthly invoice (based on the frequency of visits or sessions) will be mailed or emailed for services rendered. I accept direct deposit and cash made out to **Sally Fraser End of Life Consultant, LLC** or electronic payments via [Insert Payment Platform, e.g., WAVE].

- **Introductory 30-Minute Session:** No fee
- **Initial Consultation Fee:** [Insert Fee] (upfront payment required)
- **Hourly Rate:** For phone calls, FaceTime, scheduled online conferencing, or home visits. A sliding scale based on services provided and ability to pay can be discussed.

Services That Will Not Be Charged:

[Insert Services]

STATEMENT OF WORK

Check all services that may apply:

- Health Care Advocacy _____
- Advance Care Planning _____
- End of Life Planning _____
- Legacy Services _____
- Vigil Support _____
- Bereavement Support _____

I/we have read this contract describing the End of Life Consultant's services and agree to enter into a client-End of Life Consultant relationship for the services indicated above on an as-needed basis.

CLIENT OR HEALTH CARE AGENT SIGNATURE:

DATE: _____

END OF LIFE CONSULTANT SIGNATURE:

DATE: _____

Revised February 2025