ONE TIME ASSIST

Syracuse, NY (Onondaga County) | (680) 242-2470

MEDICATION ASSISTANCE AGREEMENT

1. Scope

Client authorizes One Time Assist (“Provider”) to sort Client's clearly labeled medications into a pill organizer, as directed by Client. This authorization applies in addition to, not in place of, the Service Agreement on file.

2. Limits

Provider is not a nurse and does not administer injectable medications under any circumstance. Medications must be clearly labeled; unlabeled medications will not be handled. Provider does not dispose of unused or expired medications — Client is responsible for their disposal.

3. Sharps Safety

If Client uses insulin or other injectable medications, Client must provide a sharps disposal container, and no needles may be left out during a visit.

By signing below, Client authorizes the medication assistance described above under the terms of this Agreement.

Client Print Name: _____ Date: _____

Client Signature: _____

Provider Signature:_____ Date: _____

Have the signed copy ready, or one will be provided to you. Both Client and Provider retain a signed copy for their records.