



Transitional & Independent
Residential Housing

Austin, TX 78724

512-573-0929

www.rrhhservice.com

Referral Disclosure & Client Choice Form

Read before placement and initial below.

We appreciate you referring residents to our independent living community. To ensure compliance and that client choice is clear, please read and have the client/resident initial the following statements.

- I understand that I have the right to choose my home health care provider. _____
- Round Rock Home Health Service is not the only option, and I am not obligated to use their services. _____
- I acknowledge that I have been informed of my choices and am freely choosing my preferred home health care agency. _____

Client/Resident Signature _____

Date _____

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Personalized In-home Care Services

- Skilled Nursing
- Physical Therapy
- Occupational Therapy

Insurance accepted:

- UHC
- Curative Health
- Aetna, and Cigna

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