Chrisvic Care
Elevating Lives with Personalized Care

EMPLOYEE AGREEMENT FORM

This agreement made this_____day of _____, by and between _____

hereafter referred to as "Client" and, _____(hereafter referredto as "Caregiver")

1. Purpose: The purpose of this agreement is to set forth the terms and conditions under which Caregiver will provide assistance with day to day living for _____in his/her home in exchange for reasonable compensation.

2. Services to be performed by Caregiver: Caregiver shall furnish Client with the services and incidentals specified herein, if caregiver remains in his/herhouse and performs his or her obligations under this contract. In consideration of the mutual promises contain herein, the party's intent to be legally bound, agree as follows:

3. **Employment Status:** The Caregiver shall be recognized as a:

☐ - **W-2 Employee**. This entitles the Caregiver to certain State and Federal rights in addition to being bound to certain withholdings. Caregiver will complete Form I-9 (available at www.uscis.gov/forms) and provide the required documentation verifying employment eligibility within 3 days of hire. Recipient will withhold the required Social Security & Medicare taxes from the Caregiver's pay, along with income taxes per the Caregiver's instructions on Form W-4 and state withholding form (if applicable). Recipients will pay Social Security & Medicare taxes as well as federal and state unemployment insurance taxes. Recipients will provide Caregiver with Form W-2 by January 31st after the calendar year concludes. Recipients will report Caregiver's earnings to the Social Security Administration so that employee receives the appropriate credits

4. Service Terms:

Nutrition:

a. Balanced meals: Caregiver hereby agrees to prepare three (3) nutritionally balanced meals per day when Such assistance is requested. One such meal shall be served in the morning, one at mid-day, and one in the evening for

b. Special Diets: Special diets will be provided only upon order of a licensed physician.

c. Additional Duties: Caregiver agrees to grocery shop for client with nutritious meals in mind. Following the preparation of meals, Caregiver shall assist with feeding, if necessary. and cleaning the kitchen which included washing dishes.

Cleaning: Caregiver agrees to provide cleaning services on a weekly basis as follows:

a. General cleaning
b. Make bed
c. Wash Laundry / change sheets
d. Wash dishes
e. Empty waste containers
f. Sweep and mop all uncarpeted floor, stairs and hallways
g. Scrub floors
h. Disinfect all bathroom
i. Replace bathroom supplies
j. Maintain bedroom in a neat and orderly condition

Housekeeping: Caregiver shall maintain the home in a clean and sanitary and orderly condition. A caregivers shall make available to clean all supplies necessary to perform the usual housekeeping to maintain his or her accommodations. Caregiver shall perform all ordinary and heavy housekeeping as set forth in detail above.

Assistance outside the Home: Caregiver Shall run daily errand for These may include but are not limited to, picking up dry cleaning, grocery shopping, shopping for necessities and, if applicable, maintaining client's car.

Personal Care Needs: Caregiver shall observe client's physical and mental states on a regular basis, and shall make arrangements, as necessary, to meet health needs by arranging transportation to the physician of client's choice. Caregiver shall help client in carrying out the instructions of physicians including storing, distributing, and reminding client to take prescribing medications.

Transportation: Caregiver shall assist with transportation needs by arranging for public transportation or help with Specially provided elderly transportation.

Companionship and Entertainment: Caregiver shall provide companionship and **support for the client.**

5. **Compensation:** Client Shall pay caregiver:
   _____ **Weekly** _____ **Monthly**
   On each _____ of the week/month $ _____ per hour

6. **Schedule.** The Caregiver: (check one)
   - ☐ - **Shall not be bound to a schedule**
   - ☐ - **Shall be bound to the following schedule:**

     Monday: _____ : _____ ☐ A.M. ☐ P:M to _____ : _____ ☐ A.M. ☐ P.M

     Tuesday: _____ : _____ ☐ A:M. ☐ P.M to _____ : _____ ☐ A.M. ☐ P.M

     Wednesday: _____ : _____ ☐ A.M. ☐ P.M to _____ : _____ ☐ A.M. ☐ P.M

     Thursday: _____ : _____ ☐ A.M. ☐ P.M to _____ : _____ ☐ A.M ☐ P.M

     Friday: _____ : _____ ☐ A.M ☐ P.M to _____ : _____ ☐ A.M ☐ P.M

     Saturday: _____ : _____ ☐ A.M ☐ P.M to _____ : _____ ☐ A.M ☐ P.M

     Sunday: _____ : _____ ☐ A.M ☐ P.M to _____ : _____ ☐ A.M ☐ P.M

**Schedule may change from time-to-time depending on the schedule and routine of the Recipient.*

7. Services to be Performed. Caregiver agrees to provide care to Recipient at _____ with a mailing address of _____, City of _____, State of _____.

Services to be provided by Caregiver will include, but shall not necessarily be limited to:

☐ **- Transportation and errands:**

☐ - Driving Recipient to medical, dental, adult day care and other appointments and activities

☐ - Shopping for groceries and other items needed by Recipient, and filling/refilling prescriptions.

☐ - Running other errands for Recipient including but not limited to: _____ _____

☐ **- Personal:**

☐ - Sponge bath

☐ - Skin care

☐ - Dressing assistance

☐ - Medication

☐ **- Household:**

☐ - Laundry

☐ - Dishes

☐ - Trash

☐ - Picking up mail

☐ - Vacuuming

☐ - Making bed

☐ - Changing sheets

☐ **- Medical:**

☐ - Medication Reminder

☐ - Monitoring vitals

☐ **- Assistance with Everyday Life:**

☐ - Assisting the Recipient from bed, chair, and toilet; ambulation, bathing, hygiene/grooming; toileting; eating.

☐ - Meal planning

☐ - Prepare groceries list

☐ - Monitoring the Recipient for safety, including responding to alarm system to control wandering/fall risk

☐ - Monitoring the Recipient's health and bringing health problems to attention of health care providers.

☐ **- Mobility:**

☐ - Home exercise

☐ - Emotional support

8. Social Media. Caregiver understand that no information about his/her location, plans for the day, pictures of the Recipient or family members, associates, or friends shall be shared on any social media network. The caregiver will be required to not inform strangers or third (3rd) parties where he or she shall be spending their time during the day unless the Recipient grants consent. The recipient may only grant such consent if he or she is able to make conscious decisions on their behalf.

9. Amendments. This Agreement may be modified or amended under the condition that any such amendment is attached and authorized by the Parties.

10. Severability. This Agreement shall remain in effect under the circumstance a section or provision is unenforceable or invalid. All remaining sections and provisions shall be deemed legally binding unless a

court rules that any such provision or section is invalid or unenforceable, thus, limiting the effect of another provision or section. In such case, the affected provision or section shall be enforced as so limited.

11. Direct Hiring: The client will not hire, on a direct basis, any Caregiver who is an employee of **Chrisvic Care**. If the Client violates this condition, the Client, Guarantor/Responsible Party agrees to pay **Chrisvic Care** a placement fee of one hundred percent (100%) of the Caregiver's average monthly wages or a placement fee of ten-thousand dollars ($10,000.00), whichever is greater.

12. **Governing Law, Entirety of Agreement and Severability:** This agreement shall be governed by the laws of state of_____ It constitutes the entire agreement between the parties regarding its subject matter. If any provision in this contract is held by any court to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force and effect.

FINANCIAL BOUNDARIES AND PROTECTION

To protect the finances of our clients and maintain professional boundaries, the following rules must be strictly adhered to:

1. No Financial Management:

Caregivers are not permitted to manage or handle any aspect of a client's finances. This includes but is not limited to paying bills, withdrawing funds, or making purchases on behalf of the client.

2. No Borrowing or Lending:

Under no circumstances should a caregiver borrow money from or lend money to a client. This helps maintain a clear professional relationship.

3. No Accepting Gifts:

Caregivers are not allowed to accept gifts of significant value from clients. Small tokens of appreciation, such as a thank-you card, are acceptable but must be reported to the agency.

4. Report Financial Concerns:

If a client expresses financial concerns or if you notice any irregularities in their financial situation, report this immediately to the agency. Do not attempt to address the issue yourself.

5. Maintain Professionalism:

Avoid discussing your personal financial situation with clients or their families. Keeping a professional demeanor helps maintain trust and respect.

PROPERTY RESPONSIBILITY

1. Breakages:

If you accidentally break any objects in the client's home, you are responsible for reporting it to the agency immediately and may be held financially accountable.

2. Missing Items:

In the event that something of value goes missing in the client's home during your shift, report it to the agency without delay. You may be held responsible for the missing item if found negligent.

THIS IS A LEGALLY BINDING CONTRACT. EACH PARTY HAS READ THE ABOVE AGREEMENT BEFORE SIGNING IT. EACH PARTY UNDERSTANDS THE AGREEMENT THAT HE OR SHE IS MAKING.

I,_____ having read this agreement, agree to its term and sign it as a free act on the _____Day of _____ , _____ .

_____ _____

(Name of Older Adult) Caregiver's Name

_____ _____

Signature Address

Chrisvic Care
Elevating Lives with Personalized Care

EMPLOYEE CONTACT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Phone Number: _____

Are you a US citizen ☐ YES ☐ NO, If No please provide your Nationality _____

Date of Birth: _____

EDUCATION/WORK EXPERIENCE

Highest Degree Completed: _____ Course of Study: _____

Last School Attended: _____

Certificate, License, or Other Training: _____

PREVIOUS EMPLOYMENTS

Company Name: _____

Company Address: _____

Your Recent Role: _____

Start Date: _____ End Date: _____

Company Name: _____

Company Address: _____

Your Recent Role: _____

Start Date: _____ End Date: _____

Company Name: _____

Company Address: _____

Your Recent Role: _____

Start Date: _____ End Date: _____

REFRENCES

Additional References: _____

_____

Additional References: _____

_____

Additional References: _____

_____

EMERGENCY CONTACT PERSON

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Relation: _____

Caregiving Daily / Weekly Tasks

Caregiver Name: _____

Client Name: _____

Week Begins:_____ (Date) **Week Ends:** _____ (Date)

Assist With	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Meal Preparation							
Shopping For Groceries Needed For Client							
Cleaning Apartment							
Laundry							
Changing Linens							
Trash as Needed							
Acting as Companion							
Medication Reminder							
Assisting With Living & Exercising Routines							
Monitoring Client For Safety							
Transferring Client from Bed, Chair, Toilet… etc.							
Scheduling Client's Appointment							
Transporting Client To Medical, Dental, Adult Day Care & Other Appointments							
Running Errands For Client							

_____ _____ _____

Employee Signature Client Signature Week Ends (Date)

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2023

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds $160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $27,700 if you're married filing jointly or a qualifying surviving spouse
- $20,800 if you're head of household
- $13,850 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$850	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,870
$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$310	$890	$1,020	$1,020	$1,020	$1,860	$1,870	$1,870	$1,870	$1,870	$2,030	$2,040
$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$620	$860	$1,020	$1,020	$1,020	$1,020	$1,650	$1,870	$1,870	$1,890	$2,040
$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

HIPAA Privacy and Security For Employees And Clients

BRIEF OVERVIEW OF HIPAA

The Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA, is a

Federal law that addresses the privacy and security of health information

- Privacy. The privacy regulations govern who has access to Protected Health Information (PHI). They ensure that PHI is used appropriately and gives patients specific rights regarding their health information.
- Security. The security regulations govern how electronic health information is protected. They establish safeguards to assure that PHI is protected.

KEY CONCEPTS IN HIPAA

Protected Health Information

Protected Health Information (PHI) is information related to a person's health care treatment and to the corresponding payment for those services. PHI includes information that could reasonably identify an individual (patient identifiers) and sensitive health information. PHI in electronic, paper, or oral forms must be protected. Every member of the work force, even those who don't deal directly with patient information, should understand what PHI is and the ways in which it must be protected.

Examples of common identifiers:

- Names
- Street address, city, county, full zip code (with some qualifications)
- Dates directly related to an individual (e.g. birth date, dates of service)
- Telephone and fax numbers
- Email addresses
- Social Security Numbers
- Medical record number
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- License plate numbers
- Full-face photographic images

Sensitive Health Information (examples):

- Diagnoses and medications
- Procedures
- Physician name and specialty
- Location of service (e.g. cancer center)
- Service type (e.g. physician office, radiology, inpatient admission)
- Test results

Use and Disclosure

The sharing of PHI is essential to providing and paying for health care services. HIPAA describes the sharing of PHI as either a Use or Disclosure. Use is defined as the sharing of PHI internally within an organization. Examples include the creation of a hospital bill or the sharing of a medical record between caregivers when treating a patient.

Treatment, Payment, and Operations

The vast majority of uses and disclosures of PHI are for one of three reasons:

- Treatment. The provision, coordination, or management of health care and related services by a health care provider
- Payment. Activities by a provider or health insurance plan to obtain or provide reimbursement for the provision of health care; the activities of a health insurance plan to obtain premiums, determine coverage, and provide benefits
- Health Care Operations. A wide range of activities defined in the privacy regulations, such as:

- quality assessment and improvement

- credentialing, performance evaluation, training of health professionals

- medical review, legal services, audits

- underwriting, premium rating

- business management, administration, planning and development

Patient Rights

HIPAA provides patients with several basic rights that inform and empower them. These include:

1. the right to inspect and copy his or her PHI used by the organization.
2. the right to request an amendment to his or her PHI kept by the organization.
3. the right to restrict the use and disclosure of his or her PHI. This right may be denied based upon certain criteria.
4. the right to request and receive an accounting of uses or disclosures of his or her PHI for certain activities that do not fall within treatment, payment, or operations.
5. the right to request where and how confidential communications containing his or her PHI are made.
6. the right to file a complaint directly to the organization or to the Secretary of Health and Human Services.

Incidental Disclosures

HIPAA requires us to take reasonable steps to reduce the number of incidental disclosures of PHI. Incidental disclosure is information overheard or seen during appropriately using or disclosing PHI.

Minimum Necessary

HIPAA requires that organizations take reasonable steps to allow access only to the minimum PHI necessary to perform a specific task or job. This minimum necessary standard applies to both internal uses as well as external disclosures. Employees and external vendors should receive information tailored to the specific task or job. The minimum necessary standard is not intended to impede patient care and therefore does not apply to treatment.

Penalties for Violating HIPAA

There are potential penalties for HIPAA Violations. These penalties include fines, criminal sanctions, and even imprisonment in the most severe cases. In addition, there are potential penalties that are not legal in nature, such as loss of reputation in the community. Individual employees who wrongfully disclose patient information can now be prosecuted and potentially face monetary fines. In addition, Kaydailycare will evaluate HIPAA violations made by its employees and apply disciplinary action and/or follow-up as required.

Notifying Patients of HIPAA Violations

Patient may need to be notified when the privacy or security of their PHI has been breached. The Privacy Officer or Information Security Official and the Legal Department will determine if notification is required and in what form.

_____	_____
(Name of Older Adult)	Caregiver's Name
_____	_____
Signature	Address