



Client Name _____	Address _____
Phone No. _____	City/PC _____
Emergency Contact _____	Email _____
<input type="checkbox"/> Release of Information	<input type="checkbox"/> Hospice Services Consent
<p>I give consent for my personal and medical information to be shared with Bethell Hospice Residential Program and with Bethell Hospice community services. For the purposes of ensuring continuity of care, I authorize Bethell Hospice to receive and to share my personal and medical information and current status with all medical consults and community care providers. This consent includes all information that is required while I am a client of Bethell Hospice. I understand that if at any time in the future I no longer wish my personal or medical information to be shared with others, then I must notify Bethell Hospice in writing of my request.</p> <p><input type="checkbox"/> I give consent for the personal information on this form to be shared with Bethell Hospice Foundation for notification of upcoming events and opportunities to become involved.</p>	<p>I will be receiving the following services from Bethell Hospice and I understand that Bethell Hospice can withdraw services if I become ineligible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Work <input type="checkbox"/> In-Home Volunteer Program <input type="checkbox"/> Complementary Therapies <input type="checkbox"/> Psychosocial Spiritual Care <input type="checkbox"/> Grief and Bereavement Support – 1:1 <input type="checkbox"/> Grief and Bereavement Support – group
<input type="checkbox"/> Persons Served Rights and Responsibilities	
I acknowledge that I have been informed of my rights and responsibilities as a Bethell Hospice client. A copy of the Bethell Hospice policy Rights of Persons Served has been given to me.	
<input type="checkbox"/> Eligibility, Exclusion, and Transition	
I acknowledge that I have been informed of the eligibility and exclusion criteria for Bethell Hospice programs, and the protocol for transition from Bethell Hospice programs. A document containing this information has been provided to me.	
<input type="checkbox"/> Fees for Service	
The services of the community programs are provided at no cost to me thanks to the generosity of donors and community partners, and government funding. Financial donations, in-memoriam donations and bequests are gratefully accepted. To discuss donation opportunities, please contact the Bethell Hospice Foundation office.	
<input type="checkbox"/> Privacy and Confidentiality	
I understand that information sharing between Bethell Hospice personnel shall be for the sole purpose of providing quality service to meet my needs and those of my family. I understand that all personal information will be treated as private and confidential. Safety supersedes confidentiality when persons are at risk.	



Emergency Response

I understand that Hospice staff and volunteers are not medical personnel and are unable to determine the nature of a medical emergency. I understand that if a Hospice staff or volunteer is alone with a client who experiences a medical emergency – 911 will be called unless a signed valid DNR is in the home. If the medical emergency is unrelated to the diagnosis, 911 will be called. Example of when 911 would be called - a client fall.

In the event of a concern for the emotional or physical wellbeing of a client, the volunteer or staff person may call the Mobile Crisis Unit of Peel.

Waiver

I understand and accept the conditions noted above. I agree to release and indemnify Bethell Hospice, or any directors, officers, volunteers, agents and employees from all claims and liability for any of the following:

1. Personal injury, illness, incapacity, or death that occurs; or
2. The loss of money, valuables and personal effects unless held in safe keeping by the Hospice;
3. Loss of property or damage (unless intentionally committed);
4. Any care provided to me other than by the employees and agents of the Hospice.

I agree to release and hold harmless Bethell Hospice along with its directors, officers, volunteers, agents and employees of all actions, claims or demands of any nature or kind arising out of or in any way connected with the provision of service by Bethell Hospice except if claims arise from intentional or deliberately harmful or criminal actions.

Consent for Service

- I consent to receiving Bethell Hospice services
- I am aware that my care needs will be reviewed and my care plan updated as required
- I have received a copy of the Bethell Hospice policy Rights of Persons Served
- If my condition improves or stabilizes to the point where I no longer require and/or am eligible for Bethell Hospice Community Services, I understand Bethell Hospice can withdraw services

I agree to all provisions of this agreement and understand their meaning. I have read and voluntarily agree to execute this Agreement.

Print Client Name: _____

Date: _____

Signature Client / POA/SDM/Guardian if under 18 years of age

Signature Witness

Print Name POA or SDM

Print Name Witness