



Disclosure Statement

Patient Name _____

The following information is presented to all potential patients of Family Hospice of Northeast Indiana:

- 1) Description of all hospice services provided:
 - A) Medical Director to oversee and consult with the Attending Physician to establish and guide the clinical care of the hospice patient
 - B) Hospice Physician services to provide for the medical needs of the patient
 - C) Skilled Nursing Services
 - D) Nursing Case Management services provided by Registered Nurses
 - E) Medical Social Services for psychosocial assessment and intervention
 - F) Dietary Counseling based upon nutritional needs
 - G) Pastoral Services for spiritual care
 - H) Physical, Speech or Occupational Therapy as ordered by the physician and reflected in the Hospice Plan of Care
 - I) Volunteer Services for support of the patient/family and respite for the caregiver(s)
 - J) Extended hours of respite care in the home based on caregiver(s) needs
 - K) Extended hours of continuous care in the home in times of a medical crisis
 - L) Inpatient Services for 5-day respite stay to relieve caregiver(s)
 - M) Inpatient Services for symptom management that cannot be achieved at home
 - N) Medical supplies, equipment and prescription medications as needed for the management of the terminal illness. The treatment goals of palliative care are to relieve pain and other symptoms using the least invasive methods. The Attending Physician or Hospice Medical Director may prescribe FDA approved medications in a route beyond what is commercially available to enhance individualized palliation of symptoms, in keeping with accepted Palliative Medicine practices. Medical supplies may include such things as dressings, catheters, special tubing, as well as durable medical equipment such as hospital beds, bedside commodes, oxygen machines and IV pumps. The need for services, supplies and equipment are dispensed on the hospice program patient's individual needs as determined by the interdisciplinary team.
 - O) Bereavement Support for family members and /or significant others
 - 2) Internal Complaint Policy:

Every effort will be made to resolve complaints/issues directed to the Family Hospice program and its staff to the satisfaction of patients and their families. Patients and families will receive on admission the hospice complaint procedure in writing. Patients and families will be advised to first discuss issues directly with the involved staff person(s). If resolutions of the issue are not made to the satisfaction of the patient or family, they will be directed to the Quality Improvement Nurse. If desired the patient or family can further discuss concerns with the following individuals by calling the Family Hospice office at 589-8598 or 800-355-2817:

 - A) Clinical Coordinator
 - B) CEO
 - C) Medical Director
 - D) Chairman of the Board of Directors

All complaints receive a response, are logged and reviewed at the quarterly Quality Improvement Committee meeting. The Indiana State Department of Health Toll-Free Number: 1-800-227-6334 is available to receive complaints from hospice patients and the family members regarding the hospice program.
- All potential Family Hospice patients are given a copy of the Patient Bill of Rights & Responsibilities. In addition, it is important to note the following:
- 3) The hospice patient has the right to participate in the planning of his/her care.
 - 4) A hospice patient has the right to refuse any component of the services or supplies provided by Family Hospice.
 - 5) In some cases, a hospice employee may pick up and deliver supplies and/or equipment to the hospice patient or family. If a hospice employee agrees to provide supplies to the hospice patient that are not related to the terminal diagnosis and are not paid for by the hospice program, the employee may only be reimbursed for the supplies by providing a written receipt to the hospice patient or family.
 - 6) A hospice patient may request that Family Hospice provide, on a monthly basis, an itemized statement of services and supplies delivered to the patient, as submitted to the patient's payer source.

Received By: _____

Date: _____