



The Center for Hope

a division of FairHoPe Hospice & Palliative Care, Inc.

CHILDREN & ADOLESCENT GRIEF PROGRAM

INFORMED CONSENT

Hospice Patient Name _____

Client Name _____

We, the patient and the caregiver and/or parent/guardian request admission to The Center for Hope's Children & Adolescent Grief Program and understand and agree to the following conditions.

Introduction: We understand that the Hospice program is palliative not curative, in its goals. This means that the program does not attempt to cure disease but emphasizes the relief of symptoms such as pain, other physical discomfort, and the emotional stress which may accompany a life-threatening illness.

Follow-Up Care for Families: We understand that the "caregiver" and others who are part of the patient's family or who are important to the patient may choose to participate in the Hospice grief services program. Services designated for family members and others include individual counseling, group support sessions, help with practical matters and social events. For children/adolescents, I give permission to participate in grief services and to be transported to any program events. This means there will be no liability to The Center for Hope, a division of FairHoPe Hospice & Palliative Care, Inc.

Records: We permit The Center for Hope, a division of FairHoPe Hospice & Palliative Care, Inc., to keep records which include necessary personal information about the patient's medical direction, family and finances. We permit the release of necessary information and medical records to assure coordination and continuity of care and as necessary for reimbursement. Except as required for patient care, reimbursement, or quality control by third party payees, regulating bodies and accrediting organizations, such records will not be released to persons outside Hospice without our written consent. I also authorize Hospice to receive or transmit facsimiles with pertinent information as needed.

Withdrawal/Discharge: We accept the conditions of The Center for Hope, a division of FairHoPe Hospice & Palliative Care, Inc., as described, understanding that we may choose not to remain in the program and that Hospice may discharge us from the program if care is no longer appropriate. This means there will be no further liability to us or Hospice. We understand, however, that we may request to be readmitted at a later date.

Signature of Responsible Party

Date

Name of Responsible Party (Printed) Relationship to Client

Signature of Hospice Representative

Date

Title