

TRI CITY HOSPICE INC.
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PATIENT ACKNOWLEDGEMENT

Patient Name:	MRN:	Date
IMPORTANT INFORMATION EXPLAINED TO PATIENT/ FAMILY/ CAREGIVER	Explained	Left in Home
1. Patient's freedom of choice in selecting a hospice agency.		
2. Patient's condition/plan of care/goals and how related to his / her condition.		
3. Patient's right to participate in the plan of Care, treatment, and informed of Change.		
4. Patient/Caregiver is expected to learn and participate in care consistent with capabilities.		
5. Disease process. medication regime and diet.		
6. Written notice of Patient's Rights & Responsibilities, Consent. Assignment of Benefits, Patient grievance Procedure. Guidelines for Patient care and Emergency Care.		
7, Advance Directive. Has Patient executed an Advance Directive? YES, NO <ul style="list-style-type: none"> • Given written materials about right to accept or refuse medical treatment • Been informed of rights to formulate Advance Directives. • That patient is not required to execute an Advance Directives to receive medical treatment from this health care facility. • That the terms of any Advance Directives executed will be followed by the agency and caregivers to the extent permitted by laws. 		
8. Visit Plan to include disciplines and frequencies.		
9. Confidentiality and Disclosure of Clinical Records.		
10. Basic Home Safety, Infection Control, Disaster Plan		
11. Patient liability for payment and right to be informed of any changes.		
12. Toll-free State Hospice Hot Line number and purpose.		
13. How to register a complaint with the agency and their right to voice grievance without fear of reprisal_		
14. Discharge Planning.		
15. Emergency Disaster Plan Priority Code:		

I have received the following information and have been given the opportunity to ask questions.

SIGNATURE: _____ **DATE:** _____