



IN-PATIENT CARE ADMISSION AGREEMENT

Choose one:

Gulfside Center for Hospice Care Zephyrhills (813) 377-1265

Gulfside Center for Hospice Care at Heather Hill (727) 376-3658

I, the Patient and/or designated other, agree with admission or transfer to the In-Patient Unit, a program of Gulfside Hospice. My level of care must meet specific requirements which will determine my length of stay at the In-Patient Unit. For this reason, the amount of time spent at the In-patient Unit can vary from one day to several days depending upon response to symptom management.

I acknowledge, consent, and agree to the following:

I understand the services provided in the In-Patient Unit will include skilled nursing care, psychosocial care, pastoral care, physician/ARNP care, and hospice aide care. Staff will assist with personal care and supervise 24 hours a day, seven (7) days a week.

Meals will be provided three (3) times a day, or as required to meet dietary requirements, and maintenance / housekeeping required for the clean and safe operation of the In-Patient Unit will be provided.

I understand that I may voice my concerns regarding the care and/or services provided at the In-Patient Unit, either in writing or verbally to the Nurse Care Manager or Administrator.

_____ (initials) I understand that if I no longer meet the Medicare/Medicaid criteria for in-patient level of care, I will work with the hospice social worker on receiving the continuation of hospice services in another setting which may include transferring to another unit per GHPPC request.

_____ (initials) I understand and agree that, due to change in patient population and/or care needs, rooms are not permanently assigned. When symptoms and pain are controlled and managed, I will be expected to return to my primary place of residence. If I do not, I will be charged in advance a daily room and board rate. I/we also understand our primary choice of residence may not be available and will consider alternative choices.

Patient Name: _____ MR# _____

I understand and agree that there are appropriate areas in the patient's room for storage of personal belongings. I further understand and agree that I am requested not to bring valuables and/or large sums of money with me to the In-Patient Unit; however, there will be a locked area for small items. I understand and agree that Gulfside Hospice will not be responsible for valuables, electronic devices and/or large sums of money lost or missing.

I understand and agree that should I cause any damage to the patient's room or the residence areas; the cost for the repair of the damage will be assessed and charged to my account. Any changes made in the room must be approved by the Nurse Care Manager. Due to limited space available, no furniture or large items may be brought into the In-Patient Unit without prior approval.

I understand and agree that I am not permitted to keep or use weapons and illegal drugs of any kind at the In-Patient Unit. Failure to comply may result in my discharge from the In-Patient Unit.

I understand and agree that the In-Patient Unit wishes to maintain a pleasant and peaceful home atmosphere for all its residents and that disruptive, inappropriate and inconsiderate behavior will not be permitted in the In-Patient Unit.

I understand and agree that the In-Patient Unit has an open visiting policy and that my family and friends may be with me at any time. I further understand and agree that visitors may be limited at any time, at my request, and that visitors may be requested to leave at any time if they become disruptive and/or disturb other residents or staff.

I understand the smoking policy for each In-Patient Unit varies by location. Current smoking policy for my location is noted on page 3 of this document.

I understand and agree that the In-Patient Unit is a restraint and seclusion free facility.

Please note the following Oxygen Therapy Safety Tips for Preventing Fires and Other Accidents:

- Do not smoke or allow others to smoke near oxygen equipment.
- Never alter oxygen liter flow from what your physician prescribes
- Do not use aerosol sprays near oxygen equipment
- Do not use electric razors or hair dryers while oxygen is in use
- Do not cover oxygen tubing with clothing or bedding
- Turn off oxygen equipment when not in use
- Avoid petroleum-based lotions or creams like Vaseline on or near your face. These materials are highly flammable
- Never touch or tamper with oxygen equipment
- Always ask question if you are unsure about any aspect of your oxygen therapy

Patient Name: _____ MR# _____

Food Policy

Choose one:

Gulfside Center for Hospice Care Zephyrhills

I understand that patients and their family members/friends may use the designated patient/family refrigerator and microwaves with the understanding that food must be labeled with a name and date. The café is also available for snacks.

Gulfside Center for Hospice Care at Heather Hill

I understand that patients and their family members/ friends may use the refrigerator with the understanding that food must be labeled with a name and date. Snacks, soups, and sandwiches are available on the unit for family members/friends

Smoking Policy

Choose one:

Gulfside Center for Hospice Care Zephyrhills: Outside of facility in designated smoking areas marked by signs

Gulfside Center for Hospice Care at Heather Hill: Outside of facility in designated smoking areas marked by signs

I understand and agree to abide by specified smoking policy for the location indicated above.

I acknowledge that I have been given sufficient time and opportunity to ask any and all questions concerning my stay at the In-Patient Unit; the care provided there, the related charges, complaint procedure and discharge policies.

Patient signed consent: € Yes € No *If No, specify why* _____

Date	Patient or Representative Print	Signature	Relationship
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Date	Hospice Representative Print	Signature	Title
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MR # _____