

# H SPICE

VAUGHAN

**COMMUNITY SERVICES**  
**CLIENT SERVICE AGREEMENT**

**CLIENT NAME**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**CONSENT TO PARTICIPATE**

This is to signify my choice to participate in Hospice Vaughan’s programs. My ongoing participation will be conditional on my ability to meet program criteria. I understand that the programs are supportive in nature, are non-medical, and that no medical assessments or interventions shall be made. Where applicable, programs will be facilitated by volunteers and/or trained professionals who may also be certified practitioners. Involvement in any Hospice Vaughan program is not meant as a replacement to medical care or professional mental health services. In addition, no medication will be administered by Hospice Vaughan staff or volunteers. I understand that I can withdraw from program(s) at any time.

Hospice Vaughan services have been explained and I have been involved in the development of my care plan and understand it will be renewed and revised as needed.

**EMERGENCY RESPONSE**

I understand that Hospice Vaughan staff and volunteers are not medical personnel and are unable to determine the nature of medical emergencies or provide treatment. I understand that if a Hospice Vaughan staff member or volunteer is alone with me, and I experience a medical emergency, 911 will be called first and my emergency contact second. My emergency contact information is as follows:

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Secondary Phone Number

**CONFIDENTIALITY, CONSENT, AND RELEASE OF INFORMATION**

I understand that Hospice Vaughan respects my privacy and protects personal information. All information and conversations remain strictly confidential and safeguarded against unauthorized access, and information shared between Hospice Vaughan staff, volunteers, and other involved service providers shall be for the sole purpose of ensuring the best consistent care.

I understand that I have the right to withdraw this consent at any time.

I give consent to Hospice Vaughan to:

- Share my personal health information in Hospice Vaughan community services and with Hospice Vaughan staff as needed to complete my goals of care.
- Receive and share all personal health information with all healthcare providers within my circle of care.
- Share my personal health information at Hospice Vaughan's community rounds as needed to ensure continuity of care.
- Complete quality of care surveys with myself or my primary caregiver.

I understand that Hospice Vaughan staff and volunteers will not release any information without my informed consent except under one of the conditions below:

- Where Hospice Vaughan is required by law to disclose confidential information where there is a suspicion of child abuse.
- Where Hospice Vaughan is required by law to disclose confidential information when served with a court order.
- Where I may pose a risk of serious injury or harm to myself or others.

## **SERVICE CANCELLATION AND TRANSITION**

I understand that services from Hospice Vaughan will discontinue if one of the following occurs:

- I choose to withdraw from service.
- I no longer meet service eligibility requirements or my needs extend beyond the capacity of Hospice Vaughan. Under such circumstance, Hospice Vaughan staff will work with me to facilitate the transition of care before service discontinues.
- A risk is identified which would place Hospice Vaughan staff and volunteers in an unsafe environment.
- I do not contact the staff lead for my care after a period of 4 weeks, and I choose not to contact Hospice Vaughan after the staff lead has made 3 attempts to contact me via my preferred method of communication.

## **COST FOR SERVICES**

I understand that Hospice Vaughan does not charge for any of the services provided and is a charitable, non-profit organization that is dependent upon donations from the community to provide such services. Financial donations, in-memoriam donations, and bequests are gratefully accepted.

## **SERVICE PARTICIPATION**

### Complementary Therapies

- I understand that Hospice Vaughan complementary therapies are provided by trained volunteer practitioners. All volunteer complementary therapists have

completed all Hospice Vaughan training and security requirements as well as external training required for the program.

- I understand that the complementary therapies offered by Hospice Vaughan volunteers are aimed at reducing stress and promoting relaxation. I am aware that the therapists do not claim to cure or to diagnose any medical condition, nor interfere with treatment of a licensed medical professional.
- I understand that complementary therapies do not replace medical care.
- I understand that if at any point during a session I feel uncomfortable, I have the right to ask questions or to terminate the session.

### Day Hospice

- I understand the Day Hospice scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan's Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess participating individuals after 1 year of engagement and as my care needs evolve.
- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

### Peer Support

- I understand the Peer Support scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand Peer Support is a volunteer-led program and volunteers are required to complete additional training to provide social and emotional support.
- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan's Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess participating individuals after 1 year of engagement and as my care needs evolve.
- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

### Individual Counselling – Grief and Bereavement

- I understand the Individual Grief and Bereavement Counselling scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand there is a limit of 6 individual counselling sessions per client. If necessary, my practitioner will work with me to develop a transition care plan before my service ends.
- I understand I must give at least 24 hours of notice if I must cancel or reschedule

my counselling appointment.

- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan's Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess as my care needs evolve.
- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

#### Individual Counselling – Caregiver/Supported Friends and Family

- I understand the Individual Caregiver/Supported Friends and Family Counselling scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan's Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess participating individuals after 1 year of engagement and as my care needs evolve.
- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

#### Individual Counselling – Palliative

- I understand the Individual Palliative Counselling scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan's Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess participating individuals after 1 year of engagement and as my care needs evolve.
- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

#### Caregiver Support Group

- I understand the Caregiver Support Group scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan's Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess participating individuals after 1 year of engagement and as my care needs evolve.
- I agree to keep all personal information shared by group members confidential. I

understand that this obligation to confidentiality survives my engagement with Hospice Vaughan.

- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

Closed 18+ Grief and Bereavement Support Group

- I understand the Closed 18+ Grief and Bereavement Support Group scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan’s Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess participating individuals after 1 year of engagement and as my care needs evolve.
- I agree to keep all personal information shared by group members confidential. I understand that this obligation to confidentiality survives my engagement with Hospice Vaughan.
- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

Child/Adolescent Loss Support Group

- I understand the Child/Adolescent Loss Support Group scope of care and eligibility criteria and this has been reviewed with me by Hospice Vaughan staff.
- I understand I must undergo an initial assessment to determine my eligibility for the program and I must be referred by Hospice Vaughan’s Community Navigator.
- I agree to ongoing assessment to determine continued eligibility to the program. Hospice Vaughan will reassess participating individuals after 1 year of engagement and as my care needs evolve.
- I agree to keep all personal information shared by group members confidential. I understand that this obligation to confidentiality survives my engagement with Hospice Vaughan.
- I understand that if I no longer meet the eligibility requirements, or if my care needs extend beyond the capacity of Hospice Vaughan, staff will work with me to facilitate the transition of care before service discontinues.

I agree to participate in the following services:

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**MEDIA AND PHOTO CONSENT**

I hereby give permission to Hospice Vaughan to photograph and videotape the undersigned and to use the photographs or videotapes and written testimonials in the media and in various public relations activities to promote the work of Hospice Vaughan and its services.

I agree to MEDIA AND PHOTO CONSENT Yes  No  \_\_\_\_\_  
Initials

**WAIVER AND CONSENT FOR SERVICE**

As a client of Hospice Vaughan, I understand and accept the conditions that are noted above and agree to not hold Hospice Vaughan or any staff or volunteers legally responsible for personal injury, illness, incapacity, death, or loss of property or damage (unless intentionally committed). I agree to release Hospice Vaughan along with its staff and volunteers from all actions, claims, or demands of any nature arising out of, or in any way connected with, the provision of service by Hospice Vaughan with the exception of claims which arise from intentional or deliberately harmful or criminal actions.

\_\_\_\_\_  
Client's First Name

\_\_\_\_\_  
Client's Last Name

\_\_\_\_\_  
Signature  Client  POA  SDM  Parent/Guardian

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Hospice Vaughan Staff Signature

\_\_\_\_\_  
Date (MM-DD-YYYY)