

RESIDENCE SERVICE AGREEMENT

Agreement

By signing this form, I am confirming that I have accepted admission into the Hospice Vaughan Residence.

I/POA (Power of Attorney)/SDM (Substitute Decision Maker) have given verbal consent during the phone intake process to the following:

- I/POA/SDM have read, understand, and accept the **eligibility, admission, and transition** (discharge) criteria as outlined in the **Introduction to Hospice Vaughan Letter** (previously sent by the intake coordinator) and have discussed my questions with a member of the hospice care team.
- I am aware that the specific services provided to myself and family, include medical, psychosocial, spiritual, bereavement, wellness and practical support and will commence on the agreed upon date signed below, and can be terminated by me with reasonable notice, at any time.
- I/POA/SDM will be asked to consent to any changes to the plan of care that is reviewed regularly after admission.
- I/POA/SDM give permission for the sharing of information, verbal or written, between hospice staff, volunteers, and applicable professionals to ensure that I receive the best care possible.
- I acknowledge that this agreement does not fall under the Residential Tenancies Act or the Tenant Protection Act, 1977 but that my access to Hospice Vaughan residence is based on my end-of-life care needs.
- Naturopathic/homeopathic medicine is not prescribed by Hospice Vaughan physicians. I agree to not hold Hospice Vaughan responsible should any interactions occur from taking any of these medications.
- I/POA/SDM understand that a funeral home must be picked prior to admission. In the event of an urgent admission, a funeral home must be picked as soon as possible

PRIVACY and CONFIDENTIALITY/USE OF ELECTRONIC COMMUNICATION

- I authorize the release of information to Hospice Vaughan requested by them pertaining to the provision of my care from relevant agencies.
- I willingly promise to respect the privacy of all clients and their families.
- I/SDM consent to the use of electronic communication (email) for sharing general information only. Any specific health information must be sent by FAX or by phone call unless I give specific verbal consent to agree.
- I consent for the future use of my personal health information (PHI) for research, clinical audits, a complaint filed against the organization, a court order, or any other quality improvement initiative that the organization determines appropriate.

WAIVER

- I agree to not hold Hospice Vaughan legally responsible for personal injury, illness, incapacity or death or loss or damage of property during the time that service is provided to me.
- I agree to release Hospice Vaughan, or any directors, officers, volunteers, or employees from all action, claims or demands of any nature or kind arising out of or in connection with the provision of service, except where claims arise from intentional or deliberate harmful or criminal actions.

Consent for Service

I agree with all provisions of this agreement and understand their meaning. I have read and voluntarily agree to execute this agreement.

Client or POA or SDM: _____ **Date:** _____

Witness (representative of Hospice Vaughan) _____ **Date:** _____