



**CONSENT FOR
PRIMARY CAREGIVER**

I, (print name) _____, agree to accept the role of primary caregiver(s) for (print name) _____ who is requesting admission into Angels Grace Hospice program of care. The commitment and responsibilities of this role and of hospice care/services are described below.

I understand the goal of hospice is not to cure the terminal illness but to provide symptomatic and supportive care in this final phase of life and to the extent possible this will occur in the patient's residence.

I understand the hospice interdisciplinary group will provide me with education, training and support in the management of the patient's physical, emotional, psychosocial and spiritual needs.

I understand the hospice staff will provide emotional, psychosocial and spiritual support to help me cope with my caregiver responsibilities, the eventual patient's death and my bereavement.

I understand that in my role as a primary caregiver I will be responsible for meeting or arranging for the patient's 24 hours a day care needs. I will arrange for care in my absence.

I understand the hospice medical record will contain information about me. Every effort will be made to keep this information confidential. I authorize this information to be released to the attending physician and other appropriate health care providers for the continuity of the patient's care. I also authorize the release of this information, as needed, to process insurance claims.

I understand hospice services are primarily provided on a prearranged, appointment basis but crisis or consultation assistance with hospice is available 24 hours a day, 7 days a week. I will consult hospice in case of any emergency.

I understand to receive full benefits of hospice care it is important for me and the patient to make our needs and concerns known to the hospice interdisciplinary group and to participate in the planning for care.

I understand I may choose to change my mind about this method of care and withdraw from this primary caregiver agreement; however, I agree not to do so without giving advance notice to the patient and hospice, so another primary caregiver can be arranged for.

I have received the *Patient/Family Orientation for Hospice Care* booklet. At this time I believe I understand the responsibility of being primary caregiver, the nature of the patient's illness and the goal of hospice care. My questions about the hospice program have been answered to my satisfaction by the hospice staff.

Primary Caregiver Signature

Date

Hospice Representative Signature

Date