



CONTRACT FOR CONTINUATION OF HOSPICE SERVICES

Patient Name: _____

Date: _____

Address: _____

THA Group's Island Hospice has been asked to provide the following services to you in your home:

RN LPN HHA PT OT SLP MSW Other: _____

Service Days: Mon. Tue. Wed. Thu. Fri. Sat. Sun

Time Constraints: _____

The hospice staff may be prevented from being able to provide these services due to the following identified issues:

In order for Island Hospice to provide home hospice care, the following criteria must be met:

access to a telephone in the home no verbal or physical threats or abuse to staff members

abstinence from use of illegal drugs staff security in the home and/or neighborhood

compliance with physician office visits compliance with the plan of care

other: _____

In the event that any of the above noted conditions are not met, Island Hospice will be unable to continue providing home hospice services. Your case manager and/or a care team manager will contact you and your physician within 24 hours of identification of non-adherence with these conditions with notification of the plan to discharge. If it is determined that you still require hospice services, efforts will be made to assist you with referral and transfer to another source of care.

Physician Notified? Yes No

Additional Comments: _____

Patient/Legal Guardian Signature

THA Group Representative Signature