



January, 2023

To Our Medicare Patients and Families:

As a hospice certified by the Centers for Medicare and Medicaid (CMS), we need to meet the rules set for us. This letter will hopefully answer some questions you may have about the Medicare Summary Notice (MSN) and the coverage of medications by Medicare Part D. For specific questions you may have, please call our Main Office at (570) 706-2400.

The Medicare Summary Notice (MSN) lists your Medicare health insurance claims information, including all of the services, supplies, medications and visits that were billed to Medicare. Visits made by our nurses, social workers, nurse practitioners, physicians and therapists are assigned a charge and will appear in the "Non-covered charges" box on your MSN. Charges DO NOT increase or decrease our payments by Medicare. And most importantly, there are no additional payments expected from patients and families.

If you participate in a Medicare Part D plan, your pharmacy must bill all of your medications to us, your hospice provider, to determine whether they are covered under the hospice benefit or by your Part D Plan. We will work with your physician and pharmacy to determine which medications we will cover under the Medicare Hospice Benefit, which ones will be covered under your part D plan, and which medications are determined to be no longer medically necessary and if continued, would become the financial responsibility of the patient.

Our team is available to answer your questions over the phone or by a visit. Please call (570) 706-2400 anytime if you have questions about your MSN, medication coverage or concerns relating to the care we provide.

Thank you for choosing Hospice of the Sacred Heart as we are committed to provide comfort, care, hope and choice to our patients and their families.

Sincerely,

Diane Baldi, RN



## ADVANCED DIRECTIVE INFORMATION

*This policy statement is provided by the Hospice of the Sacred Heart in accordance with a federal law called the Patient Self-Determination Act of 1990 (PSDA) and the Pennsylvania laws governing health care decision-making. The federal law requires hospice/home health care agencies to provide written information to each adult or emancipated minor patient concerning the agency's policies for implementing a patient's rights to make health-care decisions and to formulate advance directives. These rights are described in greater detail in the accompanying brochure, "About Advance Medical Directives."*

*The Hospice of the Sacred Heart respects the rights of each adult or emancipated minor to participate in health-care decision making to the maximum extent of his or her ability and respects all rights consistent with Pennsylvania law. To this end, the Hospice of the Sacred Heart has instituted specific policies and procedures to ensure that a patient's health-care decisions are followed.*

**1. INFORMATION TO PATIENTS.** The Hospice of the Sacred Heart will provide written information to each adult or emancipated minor at the time of admission to the agency for care (but before any care is rendered). This information shall describe:

**2. DEFINITION.** For purposes of this Policy, an "advance directive" means a written instruction relating to the provision of health care to an individual. Pennsylvania statutory law specifically recognizes two types of advance directive:

**a. DURABLE POWER OF ATTORNEY.** Pennsylvania law recognizes durable powers of attorney. A durable power of attorney is written instruction in which a patient appoints someone to act as his or her agent if sometime in the future that patient becomes incapable of making decisions for him or herself. A durable power of attorney goes into effect when an individual becomes incapable of expressing his or her wishes or has been determined under Pennsylvania law to be incapable of making his or her own decisions.

**b. LIVING WILLS.** A living will is a written instruction in which a patient has left information regarding the use, withholding or withdrawal of treatments by health-care providers. Pennsylvania's "living will" statute recognizes that written instructions created by a competent patient should be clear and convincing evidence in health care decision-making, should the patient become incompetent.

**c. WHAT DOES IT MEAN TO BE "INCOMPETENT"?** "Incompetence" means the lack of sufficient capacity for a person to make or communicate decisions concerning himself." The law allows your doctor to decide if you are "incompetent" for purposes of implementing a "living will" or "Durable Power of Attorney" and does not require a judge to make that decision.

**d. IS A "LIVING WILL" EFFECTIVE WHEN I AM PREGNANT?** Pennsylvania law generally does not permit a doctor or other health care provider to honor the "living will" of a pregnant woman who has directed that she not be kept alive. The terms of such a "living will" may be honored, however, if the woman's doctor determines that life-sustaining treatment (1) will not maintain the woman in a manner that will allow for the continued development and birth of an unborn child, (2) will physically harm the pregnant woman, or (3) cause her pain which could not be relieved by medication. If your "living will" is not honored because you are pregnant, the Commonwealth must pay all of the usual, customary, and reasonable expenses of your care.



**e. WHAT IF I CHANGE MY MIND AFTER I HAVE WRITTEN A “LIVING WILL”?** Pennsylvania’s “living will” law states that you may revoke your “living will” at any time and in any manner. All that you must do is tell your doctor or other health care provider that you are revoking it. Someone who saw or heard you revoke your “living will” may also tell your doctor or other health care provider about the revocation.

You can also change or rewrite your “living will”. If you change your mind after you have written down your instructions, you should destroy your written instructions or revoke them and write new ones. You should also consider telling everyone who participated in your decision-making process that you have changed your mind and give a copy of any new instructions to your doctor, health care provider, and anyone else who had a copy of your old instructions.

**3. PENNSYLVANIA COURT DECISIONS.** Pennsylvania court decisions have a case-by-case approach to issues of discontinuing or beginning life-sustaining treatment. This agency will abide by clear and convincing written evidence of a patient’s wishes about care, and will follow valid, written Do-Not Resuscitate Orders.

**DO-NOT RESUSITATE ORDERS.** A do-not resuscitate (DNR) order indicates that the patient does not want health-care providers to attempt to restart his or her heart if it should stop. Pennsylvania court decisions uphold the right of a competent patient to request a DNR order.

**4. DOCUMENTATION.** Hospice of the Sacred Heart shall document in the individual’s medical record whether or not the individual has executed an advance directive. If made available to the agency, a copy of such advance directive shall be included in the individual’s medical record.

**5. COMPLIANCE WITH LAW.** Hospice of the Sacred Heart shall comply with all applicable Pennsylvania law regarding advance directives, including statute and court decisions.

**6. NON-DISCRIMINATION.** Hospice of the Sacred Heart shall not condition the provision of care or otherwise discriminate against any individual based on whether or not the individual has executed an advance directive.

**7. EDUCATION.** Hospice of the Sacred Heart shall provide education to the staff and community on issues regarding patient decision-making.



**HOSPICE OF THE  
SACRED HEART**  
Change of Attending Physician Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I understand that I have the right to change the attending physician overseeing my care.  
I wish to change my attending physician for the following reason:*

**GENERAL INPATIENT CARE**

☐ As a patient admitted to the Inpatient Unit, I choose the following  
physician to be my attending physician and oversee my care:

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_ OR Physician NPI: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Upon discharge from the Inpatient Unit, I choose to return to my previous attending physician:**

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_ OR Physician NPI: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**HOME CARE**

☐ I have the right to change my attending physician at any  
time and I choose to change my attending physician to:

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_ OR Physician NPI: \_\_\_\_\_

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# COMPREHENSIVE ADMISSION INFORMATION ADMISSION POLICY

Care is available 7 days a week with 24-hour on-call services. Call 570-706-2400 or toll free 1-800-657-6405

Patients are accepted for hospice services when they are under the care of physician and there is a reasonable expectation that the applicant's medical, nursing and social needs can be adequately met by hospice staff members in the patient's place of residence. Patients are accepted without regard to age, race, color, national origin, religious creed, disability, length of residence in Luzerne County and Lackawanna Counties & surrounding areas, economic status, or referral source. All facilities of the Agency are available without distinction to all patients who have a prognosis of 6 months or less, and are seeking palliative care (comfort) versus curative treatment. All persons and organizations that have occasion either to refer patients for admission or recommend the Hospice are advised to do so without regard to patient's age, race, color, national origin, religious creed, age, sex, disability, or economic status.

## MISSION STATEMENT

The Mission of the Hospice of the Sacred Heart is to provide Comfort, Care, Hope and Choice to patients and their families while guiding them through their end of life journey.

## PHILOSOPHY

- *Work passionately and fervently to achieve and protect our mission.*
- *Provide the highest standard of care to patients and their families in a professional, compassionate, ethical and honest manner, focusing on education and the needs of the patient and family unit.*
- *Promote end-of-life care in the health care community and the population we serve through education and example.*
- *Promote and provide effective, comprehensive pain and symptom management for all types of pain symptoms.*
- *Preserve the dignity of the gift of life for patients and their family unit.*
- *Be aware that our team members are "guests" in patient's homes, and will conduct themselves in a non-discriminatory, kind, and compassionate manner at all times.*
- *Affirm life always, and especially in the final stages.*
- *Render charitable and uncompensated care to those members of the community in need.*
- *Value and be thankful to our team members and support them fully in the work they do, being ever mindful of their deep commitment to the mission of the Hospice and those we serve.*
- *Recruit and retain experienced, committed, passionate and skilled team members.*

## LEVELS OF CARE

Hospice patients may require differing intensities of care during the course of their disease. The Medicare Hospice Benefit affords patients four levels of care to meet their clinical needs: Routine Home Care, General Inpatient Care, Continuous Home Care, and Inpatient Respite Care. While hospice patients may be admitted at any level of care, the progression of their illness may require a change in their level of care. Although the Medicare Hospice Benefit is designed to offer patients care where they live (including nursing homes), a hospice will help transfer a patient to inpatient care of necessary for pain and symptom management.

**Routine Hospice Care:** With this care, an individual has elected to receive hospice care at their residence, which can include a private residence, assisted living facility, nursing facility or group home. General Inpatient Care: Provided for pain control or other acute symptom management that cannot be feasibly be provided in any other setting. General Inpatient care begins when other efforts to manage symptoms have been ineffective. General Inpatient care is re-evaluated every 24 hours and discharge may require discharge planning.

**Continuous Home Care:** Provided for between 8 and 24 hours a day to manage pain and other acute medical symptoms. Continuous home care services are predominantly nursing care and are intended to maintain the patient at home during a pain or symptom crisis. Continuous care is re-evaluated every 24 hours.

**Inpatient Respite Care:** Available to provide temporary relief to the patient's primary caregiver. Hospice of the Sacred Heart provides this level of care in a hospice facility or nursing home. Respite care is provided for up to 5 days on an occasional basis to provide respite for caregivers at home.

## DISCHARGE FROM HOSPICE

A hospice may discharge a beneficiary in certain situations. Medicare regulations define three reasons for discharge from hospice care:

- *The beneficiary moves out of the hospice's service area or transfers to another hospice*
- *The hospice determines the beneficiary is no longer terminally ill*
- *The hospice determines the beneficiary meets their internal policy of discharge*

## REVOCATION FROM HOSPICE

A hospice revocation is a patient's choice to no longer receive Medicare covered hospice benefits. To revoke the election of hospice care, the patient/representative must give a signed, written statement of revocation to the hospice. Upon revoking the election of Medicare coverage of hospice care for a particular election period, an individual resumes the Medicare coverage of benefits waiver when hospice care was elected. An individual, at any time, may re-elect to receive hospice coverage, provided the patient is otherwise entitled to hospice care benefit.

## TRANSFER TO ANOTHER HOSPICE

A patient may change the designation of the hospice they receive care only once in each election period.



## **Discrimination is Against the Law**

Hospice of the Sacred Heart complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Hospice of the Sacred Heart does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Hospice of the Sacred Heart provides free aids and services to people with disabilities to communicate effectively with us, such as:

- *Qualified sign language interpreters*
- *Written information in other formats (large print, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
- *Qualified interpreters*
- *Information written in other languages*

If you need these services, contact: **Mary Alice Cosgrove**  
**Compliance Officer**  
**570-706-2400**  
**800-657-6405**  
**570-970-9717 (fax)**  
**[mcosgrove@hospicesacredheart.org](mailto:mcosgrove@hospicesacredheart.org)**

If you believe that Hospice of the Sacred Heart has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Mary Alice Cosgrove, Compliance Officer.

You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, Mary Alice Cosgrove, Compliance Officer, is available to help you. You can also file a Civil Rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

### Patient Notification of Hospice Non-Covered Items, Services, and Drugs

Date of Request: \_\_\_\_\_

*(Hospice must furnish this addendum within 5 days if requested at the time of hospice election and within 72 hours if requested during the course of hospice care.)*

Diagnoses Related to Terminal Illness and Related Conditions (hospice is responsible to cover all items, services and drugs):

1.	4.
2.	5.
3.	6.

Diagnoses Unrelated to Terminal Illness and Related Conditions:

1.	4.
2.	5.
3.	6.

Non-covered items, services, and drugs determined by hospice as not related to my terminal illness and related conditions:

Items/Services/Drugs	Reason for Non-coverage

*Note: The hospice makes the decision as to whether or not conditions, items, services, and drugs are related for each beneficiary.*

*This addendum should be shared with other healthcare providers from which you seek items, services, or drugs, unrelated to your terminal illness and related conditions to assist in making treatment decisions.*

### Right to Immediate Advocacy

As a Medicare beneficiary you have the right to appeal the decision of the hospice agency on items not be covering because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. You have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for immediate assistance.

Visit this website to find the BFCC-QIO for your area. <https://qioprogram.org/contact-zones> or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Acknowledgement of non-covered items, services, and drugs not related to my terminal illness and related conditions

The purpose of this addendum is to notify beneficiary (or representative), in writing, of those conditions, items, services, and drugs the hospice will not be covering because the hospice has determined they are unrelated to the individuals terminal illness and related conditions. I acknowledge that I have been given a full explanation and have an understanding of the list of items, services and drugs not related to my terminal illness and related conditions not being covered by hospice. Signing this addendum (or its's updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily agreement with the hospice's determinations.

Signature of Beneficiary/Representative: \_\_\_\_\_

Date Signed: \_\_\_\_\_

☐ Beneficiary is unable to sign

Reason: \_\_\_\_\_



Patient Name: \_\_\_\_\_

### **ACKNOWLEDGEMENT OF PARTICIPATION**

The following information has been provided and reviewed:

- \_\_\_\_ *Release of Medical Records/Release*
- \_\_\_\_ *Pt. Bill of Rights & Responsibilities/Nondiscrimination/Abuse Hot Line & MC complaint phone numbers*
- \_\_\_\_ *Advance Directive Information*
- \_\_\_\_ *Privacy Act Statement/Health Care (HIPPA) Records for Medicare/Medicaid patients*
- \_\_\_\_ *Emergency Preparedness Guidelines*
- \_\_\_\_ *Explanation of Out-Of-Hospital DNR*
- \_\_\_\_ *Permission to Provide Services for Palliative Care and Treatment*
- \_\_\_\_ *Election of Hospice Benefit*
- \_\_\_\_ *Safeguarding & Disposing of Medication in the Home*

### **ASSIGNMENT OF INSURANCE BENEFITS**

I assign and transfer to the Hospice of the Sacred Heart any and all rights to receive any insurance benefits otherwise payable to me for products or services provided by Hospice of the Sacred Heart. I authorize my insurance company to make checks payable to Hospice of the Sacred Heart. I authorize my insurance company to furnish to my agent of Hospice of the Sacred Heart any and all information pertaining to my insurance benefits and status of claims submitted by Hospice of the Sacred Heart. I understand I am financially responsible to Hospice of the Sacred Heart for the charge not covered by my insurance.

### **MEDICAL INFORMATION AUTHORIZATION**

I hereby authorize my physician/hospital to furnish to Hospice of the Sacred Heart, or its agent, all records pertaining to my medical history, services rendered or treatment:

\_\_\_\_\_  
*Signature*

I give my permission for clergy members to be contacted as requested.

The name of my clergy is: \_\_\_\_\_

The name of my church, synagogue or mosque is: \_\_\_\_\_

*I attest that the hospice staff has informed me verbally of the assessment findings, and I have participated in the planning of my care and treatment. I am aware that my continued participation will positively impact the outcome of my care.*

Patient/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Document reason patient cannot sign \_\_\_\_\_

Hospice Representative \_\_\_\_\_ Date \_\_\_\_\_



# Blank Narrative Form

Patient ID#:

DOB: \_\_\_\_\_

Time In/Out:

[illegible]

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Drug Disposal Record

Patient Name: \_\_\_\_\_

ID #: \_\_\_\_\_

☐ Active Patient

☐ Deceased Patient

☐ Discharged Patient

### Family/Patient Representation Section:

I understand that Federal and State laws prohibit transfer, use, or further distribution of any controlled drugs, including all prescription medications, to anyone other than the patient for whom they are prescribed.

I ( ☐ ) request ( ☐ ) do not request that the nurse assist with the disposal of the medications prescribed for the above patient.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### Nurse Section:

At the request of the family member/patient named above, I have assisted with the destruction of the following medications prescribed for the above patient according to Hospice of the Sacred Heart policy as witnessed by the person signing below:

*(list name & strength for each)*


\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

### Hospice Election Form

I acknowledge that I have been given a full explanation and have an understanding of the purpose of hospice care. Hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions and such care will not be directed toward cure. The focus of hospice care is to provide comfort and support to both me and my family/caregivers.

### Effects of a Medicare Hospice Election

I understand that by electing hospice care under the Medicare Hospice Benefit, I am acknowledging that I understand the palliative rather than curative nature of hospice care, as it relates to my terminal illness and related conditions. I understand that by electing hospice care under the Medicare Hospice Benefit, I am waiving (give up) all rights to Medicare payments for services related to my terminal illness and related conditions and I understand that while this election is in force, Medicare will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected. I understand that services not related to my terminal illness or related conditions will continue to be eligible for coverage by Medicare; however, I also understand that services unrelated to my terminal illness and related conditions are exceptional and unusual and hospice should cover all care related to my terminal illness and related conditions needed under the hospice election.

### Hospice Coverage and Right to Request

#### "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

I acknowledge that I have been provided with information about my financial responsibility for certain hospice services (drug copayment and inpatient respite care). I understand that I have the right to request at any time, in writing, the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs" addendum that lists the items, services, and drugs that the hospice has determined to be unrelated to my terminal illness and related conditions that would not be covered by the hospice. I acknowledge that I have been provided information regarding the provision of Immediate Advocacy through the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) if I disagree with any of the hospice's determinations and I have been provided with the contact information for the BFCC-QIO that services my area.

☐ I elect to receive the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

*(Hospice: Please provide the beneficiary with the addendum. Must be signed and dated accompanying the election statement.)*

☐ I decline to receive the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Right to choose an attending physician

I understand that I have a right to choose my attending physician to oversee my care. My attending physician will work in collaboration with the hospice agency to provide care related to my terminal illness and related conditions.

☐ I do not wish to choose an attending physician

☐ I acknowledge that my choice for an attending physician is:

Physician Full name: \_\_\_\_\_ NPI (if known): \_\_\_\_\_

Office Address: \_\_\_\_\_

I acknowledge and understand the above, and authorize Medicare hospice coverage to be provided by Hospice of the Sacred Heart to begin on: \_\_\_\_\_

*Note: The effective date of the election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive.*

Signature of Beneficiary/Representative: \_\_\_\_\_

Date Signed: \_\_\_\_\_

☐ Beneficiary is unable to sign

Reason: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



## NURSING FACILITY PLAN OF CARE

Patient: \_\_\_\_\_ Room #: \_\_\_\_\_

DOB: \_\_\_\_\_ Physician: \_\_\_\_\_

Hospice Diagnosis: \_\_\_\_\_

Hospice Admission Date: \_\_\_\_\_ Code Status: \_\_\_\_\_

Interdisciplinary Team Member:	Visit Frequency:	Comments:
RN Case Manager:		
Home Health Aide:		
Social Services/Counselor:		
Spiritual Care:		
Volunteer:		
Therapists:		

Medications Covered by Hospice:


Other Items Covered by Hospice:




# HOSPICE OF THE SACRED HEART

## OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER

1. Patient's Name: \_\_\_\_\_

### 2A. Attending Physician Statement:

I, the undersigned, state that I am the attending physician of the patient named above. The above-named patient, or the patient's surrogate or other person by virtue of that person's legal relationship to the patient, has requested this order, and I have made a determination that this patient is eligible for an order and satisfies one of the following: (1) the patient has an end-stage medical condition; (2) the patient is in a terminal condition; (3) the patient is permanently unconscious and has a living will directing that no cardiopulmonary resuscitation be provided to the patient in the event of the patient's cardiac or respiratory arrest; or (4) the patient is permanently unconscious and has a living will authorizing the surrogate or other person named below to request an out-of-hospital do-not-resuscitate order for the patient. I direct any and all emergency medical services personnel, commencing on the date of my signature below, to withhold cardiopulmonary resuscitation, (cardiac compression, invasive airway techniques, artificial ventilation, defibrillation and other related procedures) from the patient in the event of the patient's respiratory or cardiac arrest. If the patient is not yet in cardiac or respiratory arrest, I further direct such personnel to provide to the patient other medical interventions, such as intravenous fluids, oxygen or other therapies necessary to provide comfort, care or to alleviate pain, unless directed otherwise by the patient or the emergency medical services provider's authorized medical command physician.

Signature of Physician: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

Bracelet issued: \_\_\_\_ Yes \_\_\_\_ No Necklace issued: \_\_\_\_ Yes \_\_\_\_ No

### 2B. Attending Physician Statement for Patient Pregnant When Order Issues (in addition to above statement):

I, the undersigned, certify that an obstetrician has examined the patient named above and that the obstetrician and I have certified in the patient's medical record as required by law that life-sustaining treatment, nutrition, hydration and cardiopulmonary resuscitation will have one of the following consequences if provided to this pregnant patient: (1) they will not maintain the pregnant patient in such a way as to permit the continuing development and live birth of the unborn child; or (2) they will be physically harmful to the pregnant patient; or (3) they will cause pain to the pregnant patient which cannot be alleviated by medication.

Signature of Physician: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_

### 3A. Patient's Statement:

I, the undersigned, hereby direct that in the event of my cardiac and/or respiratory arrest efforts at cardiopulmonary resuscitation not be initiated and that they may be withdrawn if initiated. I understand that I may revoke these directions at any time by giving verbal instructions to the emergency medical services providers, by physical cancellation or destruction of this form or my bracelet or necklace or by simply not displaying this form or the bracelet or the necklace for my EMS caregivers.

Date: \_\_\_\_\_

Signature of Patient  
(If patient qualified to sign)

### 3B. Surrogate's/Other Person's (by virtue of relationship to patient) Statement:

I, the undersigned, hereby certify that I am legally authorized to execute this order on the patient's behalf by virtue of having been designated as the patient's surrogate and/or by virtue of my relationship to the patient (specify relationship: \_\_\_\_\_). I hereby direct that in the event of the patient's cardiac and/or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated and be withdrawn if initiated.

Date: \_\_\_\_\_

Signature of Surrogate/Other Person by Virtue of Relationship to Patient  
(If patient not qualified to sign)



## Out-Of-Hospital Do-Not-Resuscitate Order Information

**Authority:** Out-of-Hospital Nonresuscitation Act (Act), P.L. 1484, No. 169 (20 Pa.C.S. §§ 5481-5488), effective January 28, 2007.

**When Order is Effective:** An out-of-hospital do-not-resuscitate (DNR) order is effective when it is signed by the attending physician. The attending physician signs last. It remains in effect until the death of the patient or the order is revoked.

**Implementation: Emergency medical services (EMS)** providers are obligated to honor an out-of-hospital DNR order when displayed with the patient or the patient is wearing an out-of-hospital DNR bracelet or necklace. Patient interventions indicated and not indicated under out-of-hospital DNR order:

**Shall not be provided if patient is in cardiac or respiratory arrest:**

CPR

Endotracheal intubation

Bag valve mask

Defibrillation

Common medications used during resuscitation efforts

**Shall be provided if patient is not yet in cardiac or respiratory arrest\*:**

Oxygen

Suctioning

Medications and other interventions within scope of practice and as authorized by protocols or medical command orders, to provide comfort, care or alleviate pain

\*These interventions are not to be provided if the patient or a medical command physician directs otherwise.

**Pregnant patient:** Statement 2B on the reverse side needs to be completed only if the patient is a woman and the physician diagnoses the woman to be pregnant at the time the out-of-hospital DNR order is issued.

**Revocation:** The out-of-hospital DNR order may be revoked by destroying or not displaying the order, bracelet, or necklace, or by conveying the decision to revoke the order verbally or otherwise at the time the patient experiences cardiac or respiratory arrest. If the patient obtained the out-of-hospital DNR order, only the patient may revoke it. If a surrogate/other person by virtue of relationship to the patient obtained the out-of-hospital DNR order, the patient or a surrogate/other person by virtue of relationship to patient may revoke the order. Neither the patient's mental or physical condition limits the patient's right to revoke an out-of-hospital DNR order.

**Definitions:**

**Out-of-hospital DNR patient:** A patient for whom an attending physician has issued an out-of-hospital DNR order.

**Surrogate:** A "health care agent" or a "health care representative" as those terms are defined in 20 Pa.C.S. § 5422.

**Attending physician:** A physician who has primary responsibility for the medical care and treatment of a patient. A patient may have more than one attending physician.

**End-stage medical condition:** An incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness which will, in the opinion of the attending physician, to a reasonable degree of medical certainty, result in death despite the introduction or continuation of medical treatment.

**EMS provider:** An ambulance attendant, first responder, EMT, paramedic, prehospital registered nurse, health professional physician, medical command physician, advanced life support service medical director, medical command facility medical director, medical command facility, ambulance service and quick response service as defined in regulations adopted under the Emergency Medical Services Act, and an individual who is given good Samaritan civil immunity under 42 Pa.C.S. § 8331.2 (when using an automated external defibrillator).

**Out-of-hospital DNR order:** A written order that is issued by an attending physician and directs EMS providers to withhold or withdraw CPR from the patient in the event of cardiac or respiratory arrest. The form for the physician's order is supplied by the Department of Health or its designee.

**Permanently unconscious:** A medical condition that has been diagnosed in accordance with currently accepted medical standards and with reasonable medical certainty as total and irreversible loss of consciousness and capacity for interaction with the environment. The term includes, without limitation, an irreversible vegetative state or irreversible coma.

**Terminal condition:** An incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness which will, in the opinion of the attending physician, to a reasonable degree of medical certainty, result in death regardless of the continued application of life-sustaining treatment.



## PERMISSION TO PROVIDE SERVICES FOR HOSPICE CARE AND TREATMENT

Patient Name: \_\_\_\_\_

*By this authorization, I hereby provide the permission for hospice care and treatment delivered by Hospice of the Sacred Heart. Services are provided by a medically supervised team of professionals and volunteers that include the following: Physicians, nurses, social workers, counselors, therapists, pharmacists, nutritionists, home health aides, and clergy members. Care is delivered to the patient and the family in both home and, if necessary, an inpatient setting. Levels of care received may include Routine, Respite and General Inpatient. Home care is provided on a part-time, intermittent, regularly scheduled, and if necessary and applicable, an around-the-clock basis. Hospice services are available for 24-hours-a-day, 7 days a week to provide comfort and palliative interventions.*

### Resuscitation Status

- ☐ Do Not Resuscitate  
☐ Resuscitation Requested

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hospice Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

*Copy in patient's residence. Original to patient's chart.*



## HOSPICE OF THE SACRED HEART NOTICE OF HOSPICE PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY.

### HOW WE MAY USE AND SHARE YOUR PROTECTED HEALTH INFORMATION WITH OTHERS

HOSPICE OF THE SACRED HEART may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Hospice has obtained your written consent. Hospice of the Sacred Heart has established a policy to guard against unnecessary disclosure of your health information. Transmission of your health information may include but is not limited to communication via email, text, and recordings.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:

#### To Provide Treatment

Hospice of the Sacred Heart may use your health information to coordinate care within the Hospice of the Sacred Heart and with others involved in your care, such as your attending physician, members of the Hospice of the Sacred Heart interdisciplinary team and other health care professionals who have agreed to assist the Hospice of the Sacred Heart in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Hospice of the Sacred Heart also may disclose your health care information to individuals outside of Hospice of the Sacred Heart involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals that Hospice of the Sacred Heart uses in order to coordinate your care.

#### To Obtain Payment

Hospice of the Sacred Heart may include your health information in invoices to collect payment from third parties for the care you may receive from Hospice of the Sacred Heart. For example, Hospice of the Sacred Heart may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice of the Sacred Heart. Hospice also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for care and the services that will be provided to you.

#### To Conduct Health Care Operations

Hospice of the Sacred Heart may use and disclose health care information for its own operations in order to facilitate the function of the Hospice of the Sacred Heart and as necessary to provide quality care to all of the Hospice of the Sacred Heart's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management and care coordination
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment
- Professional review and performance evaluation
- Training programs including those in which students, trainees or practitioners in health care learn under supervision



- Training on non-health care professionals including accreditation, certification, licensing or credentialing activities

Review and auditing, including compliance reviews, medical reviews, legal services and, compliance programs.

- Business planning and development including cost management and planning related analyses and formulary development
- Business management and general administrative activities of Hospice of the Sacred Heart.

For example, Hospice of the Sacred Heart may use your health information to evaluate its staff performance, combine your health information with other Hospice of the Sacred Heart patients in evaluating how to more effectively serve all Hospice of the Sacred Heart patients, disclose your health information to Hospice of the Sacred Heart staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you or your family as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

Federal privacy rules allow Hospice of the Sacred Heart to use or disclose your health information without your consent or authorization for a number of reasons:

#### When Legally Required

Hospice of the Sacred Heart will disclose your health information when it is required to do so by any Federal, State or local law.

#### When There Are Risks to Public Health

Hospice of the Sacred Heart may disclose your health information for public activities and purposes in order to:

- prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions
- report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration
- notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
- an employer about an individual who is a member of the workforce as legally required.

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#### To Report Abuse, Neglect or Domestic Violence

Hospice of the Sacred Heart is allowed to notify government authorities if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. Hospice of the Sacred Heart will make this disclosure only when specially required or authorized by law or when the patient agrees to the disclosure.

#### To Conduct Health Oversight Activities

Hospice of the Sacred Heart may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Hospice of the Sacred Heart, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.



#### In Connection With Judicial and Administrative Proceedings

Hospice of the Sacred Heart may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Hospice of the Sacred Heart makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

#### For Law Enforcement Purposes

Hospice of the Sacred Heart may disclose your health information to a law enforcement for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime
- To a law enforcement official if the Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at the Hospice of the Sacred Heart.
- In an emergency in order to report a crime.

#### To Coroners and Medical Examiners

Hospice of the Sacred Heart may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

#### To Funeral Directors

Hospice of the Sacred Heart may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Hospice of the Sacred Heart may disclose your health information prior to and in reasonable anticipation of your death.

#### For Organ, Eye or Tissue Donation

Hospice of the Sacred Heart may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

#### For Research Purposes

Hospice of the Sacred Heart may, under very select circumstances, use your health information for research. Before Hospice of the Sacred Heart discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. Hospice of the Sacred Heart will ask your permission if any researcher will be granted access to your individually identifiable health information.

#### In the Event of a Serious Threat to Health or Safety

Hospice of the Sacred Heart may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice of the Sacred Heart, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.



#### To Business Associates

Hospice of the Sacred Heart may share your protected health information with a “business associate” that we hire to help us, such as a billing or computer company, or transcription service. Business associates will have assured us in writing that they will safeguard your protected health information as required by law.

#### For Specified Government Functions

In certain circumstances, the Federal regulations authorize Hospice of the Sacred Heart to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

#### For Workers Compensation

Hospice of the Sacred Heart may release your health information for Workers Compensation or similar programs.

#### AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Hospice of the Sacred Heart will not disclose your health information other than with your written authorization. If you, or your representative, authorize the Hospice of the Sacred Heart to use or disclose your health information, you may revoke that authorization in writing at any time.

#### YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Hospice of the Sacred Heart maintains:

- Right to request restrictions You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Hospice of the Sacred Heart’s disclosure of your health information to someone who is involved in your care or the payment of your care. However, Hospice of the Sacred Heart is not required to agree to your request. If you wish to make a request for restrictions, please contact: Mary Alice Cosgrove, MSW; COMPLIANCE OFFICER, or DESIGNEE.
- Right to receive confidential communications You have the right to request that Hospice of the Sacred Heart communicate with you in a certain way. For example, you may ask that Hospice of the Sacred Heart only conducts communications pertaining to your health information with you privately, with no other family members present. If you wish to receive confidential communications, please contact: Mary Alice Cosgrove, COMPLIANCE OFFICER, or DESIGNEE. Hospice of the Sacred Heart will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- Right to inspect and copy your health information You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to: Mary Alice Cosgrove, COMPLIANCE OFFICER, or DESIGNEE. If you request a copy of your health information, Hospice of the Sacred Heart may charge a reasonable fee for copying and assembling costs associated with your request.
- Right to amend health care information If you or your representative believes that your health information records are incorrect or incomplete, you may request that Hospice of the Sacred Heart amend the records. That request may be made as long as the information is maintained by the Hospice of the Sacred Heart. A request for an amendment of records must be made in writing to: Mary Alice Cosgrove, MSW; COMPLIANCE OFFICER, or DESIGNEE. Hospice of the Sacred Heart may deny the request if it is not in writing, or does not include a reason for the amendment. The request also may be denied if your health records were not created by Hospice of the Sacred Heart, if the records you are requesting are not part of the Hospice of the Sacred Heart’s records, if the health information you wish to amend is not part of the health information you



or your representative are permitted to inspect and copy, or if, in the opinion of Hospice of the Sacred Heart, the records containing your health information are accurate and complete.

- Right to an accounting You or your representative have the right to request an accounting of disclosure of your health information made by Hospice of the Sacred Heart for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to: Mary Alice Cosgrove, MSW; COMPLIANCE OFFICER, or DESIGNEE. The request should specify the time period for the accounting starting on April 1, 2004. Accounting requests may not be made for periods of time in excess of seven years. Hospice of the Sacred Heart would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- Right to a paper copy of this notice You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact: Mary Alice Cosgrove, MSW; COMPLIANCE OFFICER, or DESIGNEE.
- Right of notification of breach of PHI Hospice must notify affected individuals following the discovery of a breach of unsecured protected health information by providing this individual notice in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically. These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what the hospice is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the covered entity. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact the covered entity to determine if their protected health information was involved in the breach.

## DUTIES OF THE HOSPICE

Hospice of the Sacred Heart is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Hospice of the Sacred Heart is required to abide by terms of this Notice as may be amended from time to time. Hospice of the Sacred Heart reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Hospice of the Sacred Heart changes its Notice, the Hospice of the Sacred Heart will provide a copy of the revised Notice to you or your appointed representative.

You or your personal representative has the right to express complaints to Hospice of the Sacred Heart and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Hospice of the Sacred Heart should be made in writing to: Mary Alice Cosgrove, MSW; COMPLIANCE OFFICER, or DESIGNEE. Hospice of the Sacred Heart encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.



## **CONTACT PERSON**

Hospice of the Sacred Heart's contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards is:

**Mary Alice Cosgrove, MSW**  
**Compliance Office**  
**Hospice of the Sacred Heart**  
**30 E.D. Preate Drive, Suite 108**  
**Moosic, PA 18507**  
**570-706-2400**

## **EFFECTIVE DATE**

This notice is effective January 1, 2022

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:  
Mary Alice Cosgrove, MSW



## Medication - Labeling, Disposing & Storing of Controlled Substances, Drugs and Biologicals

NHPCO Standards: CES 4.4, Policy Number PC.M45, Regulatory Citation, 42 CFR 418.106, P.L. 455, No. 69

**POLICY STATEMENT:** The hospice labels, disposes provide accountability and stores drugs and biologicals in accordance with accepted standards of practices and State and Federal laws and regulations.

### PROCEDURES - LABELING:

1. Drugs and biologicals are labeled by the pharmacy in accordance with currently accepted professional practice that includes appropriate usage and cautionary instructions as well as an expiration date (*if applicable*).
2. Inpatient Unit floor stock contains the following information at minimum:
  - a. name and strength of drug
  - b. lot and control number
  - c. expiration date

### PROCEDURES - CONTROLLED SUBSTANCES:

1. At the time when controlled substances are first ordered, the IDT:
  - a. provides a copy of the hospice's written policies and procedures on the management and disposal of controlled drugs to the patient or patient representative and family;
  - b. discusses the hospice's policies and procedures for managing the safe use and disposal of controlled drugs with the patient or representative and the family in a language and manner that they understand to ensure that these parties are educated regarding the safe use and disposal of controlled drugs; and
  - c. documents in the patient's clinical record that the written policies and procedures for managing controlled drugs were provided and discussed.
2. Patient/caregiver education regarding the hospice's policies and procedures on controlled substances may be in the form of written educational information on the safe use and disposal of controlled substances.
3. All education/information provided to the patient/caregiver related to controlled substances is documented in the patient's clinical record.
4. The RN Case Manager or designee identifies and documents any misuse of controlled substances and notifies the patient's attending physician, the pharmacist and the Director of Patient Services for further intervention.
5. Documentation is completed for suspected or actual diversion of controlled substances and the IDT, in consultation with the Hospice Medical Director or designee, the patient's attending physician and the pharmacist determine the appropriate course of action, including reporting the diversion to appropriate authorities.
6. Records of Inpatient Unit's controlled substances are maintained in sufficient detail to reflect accurate disposition and reconciliation.
  - a. discrepancies in acquisition, storage, administration, disposal or return of controlled substances are investigated and reported to appropriate authorities. Written accounts will be made available as required.
  - b. controlled substances count is performed at the end of every shift with the RN from each shift performing the count and documenting the count.



## Medication - Labeling, Disposing & Storing of Controlled Substances, Drugs and Biologicals *(continued)*

### PROCEDURES - DISPOSAL:

1. Upon the death or discharge of a patient and with the permission of the patient, patient's family member, caregiver or health care representative, a hospice nurse is authorized to accept for disposal a patient's unused prescription medications that were prescribed, dispensed, or otherwise used by the patient while under the care of the hospice.
2. At the time of admission, patients or patients' health care representatives are furnished with a copy of the hospice's written policy/guidelines on the safeguarding and disposal of medications and a designated hospice employee discusses procedures/requirements for surrendering prescription medications.
3. Any surrendered, unused prescription medications shall be accepted by a hospice nurse for disposal during the final in-home visit or within 5 (five) business days of the patient's death or discharge. Disposal takes place in the presence of a witness at the site where care is provided. Nurses may not transport the unused prescription medicines off-site for disposal or for any other purpose.
4. Any specific disposal instructions on prescription drug labels are followed. If there are none, Omnidegradable pouches are utilized or unused medications may be flushed down the toilet or mixed with an unpalatable substance, placed in a container or sealed plastic bag then thrown in trash. All personal information is removed from prescription label.
5. At the time of disposal, the following information is documented in the patient's clinical record:
  - a. *name and quantity of each medication surrendered*
  - b. *name of person authorizing the surrender and the relationship to the patient*
  - c. *date and method of disposal*
  - d. *name of person witnessing the disposal;*
6. The person authorizing the surrender of medication shall be provided the opportunity to review, verify and sign documentation of disposal.
7. In the event the patient/caregiver refuses to allow medication to be destroyed, the refusal is documented in the patient's clinical record with the name and strength of the medication and the amount remaining. Included with the documentation is the patient/caregiver's signature attesting to the refusal, and the date the patient's attending physician was notified of the refusal.

### PROCEDURES - STORING:

1. Storage facilities for drugs and biological at hospice's inpatient unit include:
  - a. *proper temperature control*
  - b. *locked security*
  - c. *access limited to authorized personnel only*
  - d. *separately locked compartments for Schedule II drugs (multi-dose containers), with a system for accessing locked drugs in an emergency*
  - e. *rapid access to emergency medications*
2. Nutrition therapy solutions are stored according to standards of practice



## PATIENT BILL OF RIGHTS

AS A HOSPICE OF THE SACRED HEART PATIENT, YOU HAVE THE RIGHT TO:

1. Be given information about your rights and responsibilities for receiving hospice services;
2. Receive a timely response from Hospice of the Sacred Heart regarding your request for hospice services;
3. Be advised orally, and in writing, of the charges for services, eligibility for, and amount of, third party reimbursement, and the financial responsibility of the patient within (15) working days from the date Hospice of the Sacred Heart becomes aware of a change;
4. Choose your hospice providers;
5. Be given appropriate and professional quality hospice services without discrimination against your race, creed, color, religion, sex, national origin, sexual preference, disability, or age;
6. Have person and property treated with courtesy and respect by all who perform hospice services to you;
7. Pain and symptom assessment and management;
8. Be free from physical and mental abuse and/or neglect;
9. Be given proper identification by name and title of everyone who provides hospice services to you;
10. Be given complete and current information so you will be able to give permission for your treatment proper to the start of any treatment;
11. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose in terms and language you can reasonably be expected to understand.
12. A plan of care that will be developed to meet your individualized health care needs;
13. Be informed in advance of the care (discipline, frequency, and duration) to be furnished, participate in the development of, and changes to, the hospice plan, and be informed, in advance of any changes to plan of care;
14. Be given an assessment and update of your developed hospice care plan;
15. Confidentiality of medical record maintained by Hospice of the Sacred Heart and the right to be advised of the agency's policy/procedure as per the Health Insurance Portability and Accountability Act of 1996;
16. Be given information regarding anticipated transfer of your hospice care to another hospice care agency and/or termination of hospice services to you;
17. Voice grievances and/or suggest changes in hospice services and/or staff without being threatened, restrained or discriminated against, and to be involved in the resolution of any conflicts or ethical issues;
18. Refuse treatment within the confines of the law;
19. Be given information concerning the consequences of refusing treatment;
20. Express concerns, complaints, or problems to Hospice of the Sacred Heart staff and have the same addressed and resolved;
21. Have a family member, or guardian, exercise your patient's rights;
- 22. Be advised of the Pennsylvania Department of Health's hotline, the purpose of which is to receive complaints or questions about local hospice care agencies: The Pennsylvania Department of Health has a toll free number, 1-800-254-5164 that you may call weekdays, from 8:30 a.m. to 5:00 p.m., in the event you are not satisfied. Call the number to lodge complaints about hospice agencies and concerns.**
23. The patient has a right to choose whether or not to participate in research, investigative or experimental studies, or clinical research.



**AS A HOSPICE OF THE SACRED HEART PATIENT,  
YOU HAVE THE RESPONSIBILITY TO:**

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies and other pertinent items;
2. Assist in developing and maintaining a safe environment;
3. Inform Hospice of the Sacred Heart when you will not be able to keep a hospice visit;
4. Participate in the development and update of hospice plan;
5. Work with your team to develop a pain and symptom management plan;
6. Request further information concerning anything you do not understand;
7. Give information regarding concerns and problems you have to a Hospice of the Sacred Heart staff member.



COMMUNITY HEALTH ACCREDITATION  
PARTNER (CHAP) HOTLINE: [800-656-9656](tel:800-656-9656)

DEPARTMENT OF HEALTH HOTLINE:  
[800-254-5164](tel:800-254-5164)

30 E.D. Preate Drive, Suite 108  
Moosic, PA 18507 • 570-706-2400  
[www.hospicesacredheart.org](http://www.hospicesacredheart.org)



## **SAFEGUARDING and DISPOSING of MEDICATIONS**

The following guidelines are suggested if you have prescription medicine in your home. It is your responsibility to properly safeguard and dispose of them.

Here are some general guidelines to follow:

- **Lock up medicine that is at risk for being abused, such as narcotics, in a cabinet, drawer or medicine safe lock box.**
- **Keep medicine in a cool dry place out of the reach of children.**
- **Store medicine in its original container.**
- **Keep an updated list of all prescription medication in your home.**
- **Medications should never be shared. A medicine that works for one person may be harmful to another.**

The following guidelines were developed to encourage the proper disposal of medicines and help reduce harm from accidental exposure or intentional misuse after they are no longer needed.

- **Follow any specific disposal instructions on the prescription drug label.**
- **Take advantage of programs that allow the public to take unused medicine to a control location for proper disposal. For more information visit:**  
**[www.DEAdiversion.usdoj.gov/drug\\_disposalindex.html](http://www.DEAdiversion.usdoj.gov/drug_disposalindex.html)**
- **You may flush the unused medications down the toilet.**
- **You may mix the unused medications in an unpalatable substance such as dirt, kitty litter or used coffee grounds. Place them in a container or sealed plastic bag and throw them in the household trash.**
- **Scratch out all personal information on the prescription label of the empty pill containers to make it unreadable, and then dispose of the medication.**



[WWW.HOSPICESACREDHEART.ORG](http://WWW.HOSPICESACREDHEART.ORG)

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30 E.D. Preate Drive, Suite 108, Moosic, PA 18507 • 570-706-2400  
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Inpatient Unit • 100 William Street • Dunmore, PA 18512 • 570.558.2400