Your health care is a cooperative effort between you, your attending doctor and High Peaks Hospice’s (HPH) Team. In addition to your rights, it is expected that you will assume the following responsibilities to the best of your ability.

1. To be a partner with the HPH Team in developing your plan of care. To provide HPH staff with accurate and complete information regarding a previous health history, a current health status; and to report as soon as possible any changes occurring in health conditions.

2. To be seen by your physician if recommended by HPH staff.

3. To inform HPH staff of any change in your health status and make it known if you do not understand or cannot follow the instructions.

4. To follow the HPH plan of care as it has been designed by the physician, the HPH Team and you. Patients and/or family are expected to ask questions if the plan and/or instructions are not understood. Family members are encouraged to participate in the plan of care.

5. To make arrangements for a family member or substitute to participate in care when necessary.

6. Notify HPH staff in advance whenever you find you will not be home at the time of your next scheduled visit.

7. To provide a safe environment in which the HPH Team can render care. It is imperative that all weapons and their ammunition be locked or removed from the premises. All pets must be confined until HPH staff and the animal establish a comfort zone.

8. To be considerate and cooperative with those providing your care.
9. To notify HPH staff if you receive services from any other agency or facility.

10. To be responsible for your actions if you refuse treatment or do not follow HPH staff’s instructions.

11. To provide the necessary financial information to HPH staff and be responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.

12. To cooperate with and be respectful to HPH staff and not discriminate against HPH staff involved in your care.

Please feel free to contact HPH staff should you have any questions or comments regarding your rights and responsibilities.

_______________________________         _____________________
Signature of Patient                                                        Date

________________________________  _ ____________________
Signature of Primary Caregiver                                       Date