



Patient's Name	
Start of Care Date	____/____/____
Today's Date	____/____/____
Hospice Representative	

## Acknowledgement of Receipt

By signing this form, I \_\_\_\_\_, acknowledge receipt of the following materials provided by Burbank Hospice Care, Inc. I have been encouraged to review it carefully and contact Burbank Hospice Care, Inc. with any questions and/or concerns. I understand that the Hospice Informational Booklet is available in digital copy at [www.burbankhospicecare.com](http://www.burbankhospicecare.com). Furthermore, additional copies of these materials will be provided to me upon request.

<u>Initial</u>	<u>Material Provided by Burbank Hospice Care, Inc.</u>
	<b>Patient Rights and Responsibilities</b>
	<b>Informed Consent and Treatment Authorization</b>
	<b>Medicare/Medi-cal Hospice Benefit Election</b>
	<b>Financial Agreement</b>
	<b>Hospice Informational Booklet – including but not limited to:</b> <ul style="list-style-type: none"> <li>• <b>Rights and Ethics</b></li> <li>• <b>Notice of Privacy Practices</b></li> <li>• <b>Rights with Respect to Your Health Information</b></li> <li>• <b>Rights and Responsibilities</b></li> <li>• <b>Complaint/Grievance Process</b></li> <li>• <b>Home Use &amp; Disposal of Controlled Substances</b></li> <li>• <b>Medication Management</b></li> <li>• <b>Disposal of Unused Medications</b></li> <li>• <b>Home Safety Instructions</b></li> <li>• <b>Pain Management</b></li> <li>• <b>Patient &amp; Family Education</b></li> <li>• <b>Death in the Home &amp; Funeral Arrangements</b></li> </ul>

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date