

Welcome to St. Elizabeth Healthcare Hospice. Consent for Treatment

1. Services provided are for grief counseling. This is typically considered to be a short term process.
2. A referral for long term counseling will be made if conditions warrant.
3. Sessions are typically 30-60 minutes long. The frequency of sessions varies depending on the circumstances and your needs.
4. Kentucky law ensures your complete confidentiality in most instances. Exceptions to confidentiality as described by state mandatory reporting laws include:
 - Actual or suspected child, elder or disabled abuse or neglect must be reported to the proper authorities.
 - Suicidal or homicidal intent must be reported to the proper authorities or other persons.
 - Instances where you have given written permission for me to share information, such as with doctors, other family members or schools, or if a court of law issues a subpoena.

Cases may be presented for consultation or peer review.

This agency involves key professionals and other staff members in developing our patient's plan of care. If you have a family member in our hospice program, general information affecting the patient's care may be shared with our team. Often this will only include that the family has sought counsel. Every effort is made to keep specific details confidential.

5. A 24 hour notice is required for canceling or rescheduling your appointment. Any appointment not properly canceled is considered a missed appointment. Two missed appointments may result in termination of services.
6. Regular attendance, a willingness to be open and honest and follow-through on treatment suggestions will produce maximum benefits, but the final decision on what to do is always up to the client. You are free to discontinue treatment at any time.
7. This is grief counseling. If we uncover other issues or psychopathologies, it may be more efficient to seek general mental health counseling. Referral names can be given for this upon request.
8. In the case of a minor, a guardian can request records at any time. We ask that the guardian try hard to not do that as it negates the confidentiality. If the minor talks about harm to self, harm to others or any life limiting behavior, it is mandatory to notify the guardian of that.
9. Tele-health option will be offered on a case-by-case basis and will utilize best efforts with technology ensuring confidentiality.

Phone # that you can be reached: _____ May we leave a message at this # _____

Email address: _____ May we email you at this address _____

Name: _____

Address: _____ City, State, Zip _____

Name of deceased/ loved one: _____ Date of Birth: _____ Date of death: _____

Relationship to you: _____

Circumstances/ cause of death: _____

Were you referred to the Grief Center? _____ If so, by whom? _____

Signature below grants permission for you to receive counseling services from Hospice Care of St. Elizabeth.
I, the undersigned, have read, understand and agree with the contents of this Consent for Treatment.

Signature: _____ Date: _____