



**HOSPICE &
HOMECARE**
OF RENO COUNTY

A Member of the Hutchinson Regional Healthcare System

HomeCare

Your Care Team:

Registered Nurse: _____

Home Health Aide: _____

Physical Therapist: _____

PT Assistant: _____

Occupational Therapist: _____

OT Assistant: _____

Speech Therapist: _____

Social Worker: _____

Hutchinson

620-665-2473

2020 N Waldron, Ste. 100

Hutchinson, KS 67502

McPherson

620-245-0116

1318 N Main

McPherson, KS 67460

Hospice House

620-669-3773

1523 East 20th

Hutchinson, KS 67502

Toll-Free: 800-267-6891

We CARE how YOU live!

Updated 11/21

To qualify for HomeCare Services:

Admission to home health services is based on meeting admission criteria set by Medicare/Medicaid, other insurance carriers, and Hospice & HomeCare of Reno County.

- You must be under the care of a physician. All services must be ordered and approved by your physician.
- All services ordered must be reasonable and medically necessary to the treatment of your illness or injury.
- You must need a skilled primary service.
- Skilled nursing and/or home health aid services must be provided on an intermittent or part-time basis, unless the skilled need is therapy.
- You must live in the agency service area which is a 50 mile radius of Hutchinson.
- You must be homebound, for Medicare coverage and most private insurances. A person is considered homebound if it takes a considerable and taxing effort to leave the home. Absences from the home are of short duration and infrequent.
- You and/or your family must desire home health care services.
- Your home must be adequate for safe and effective care.
- Other criteria set by the insurance carrier.

If you have any questions or concerns that are not covered in this material, please do not hesitate to contact Hospice & HomeCare of Reno County.

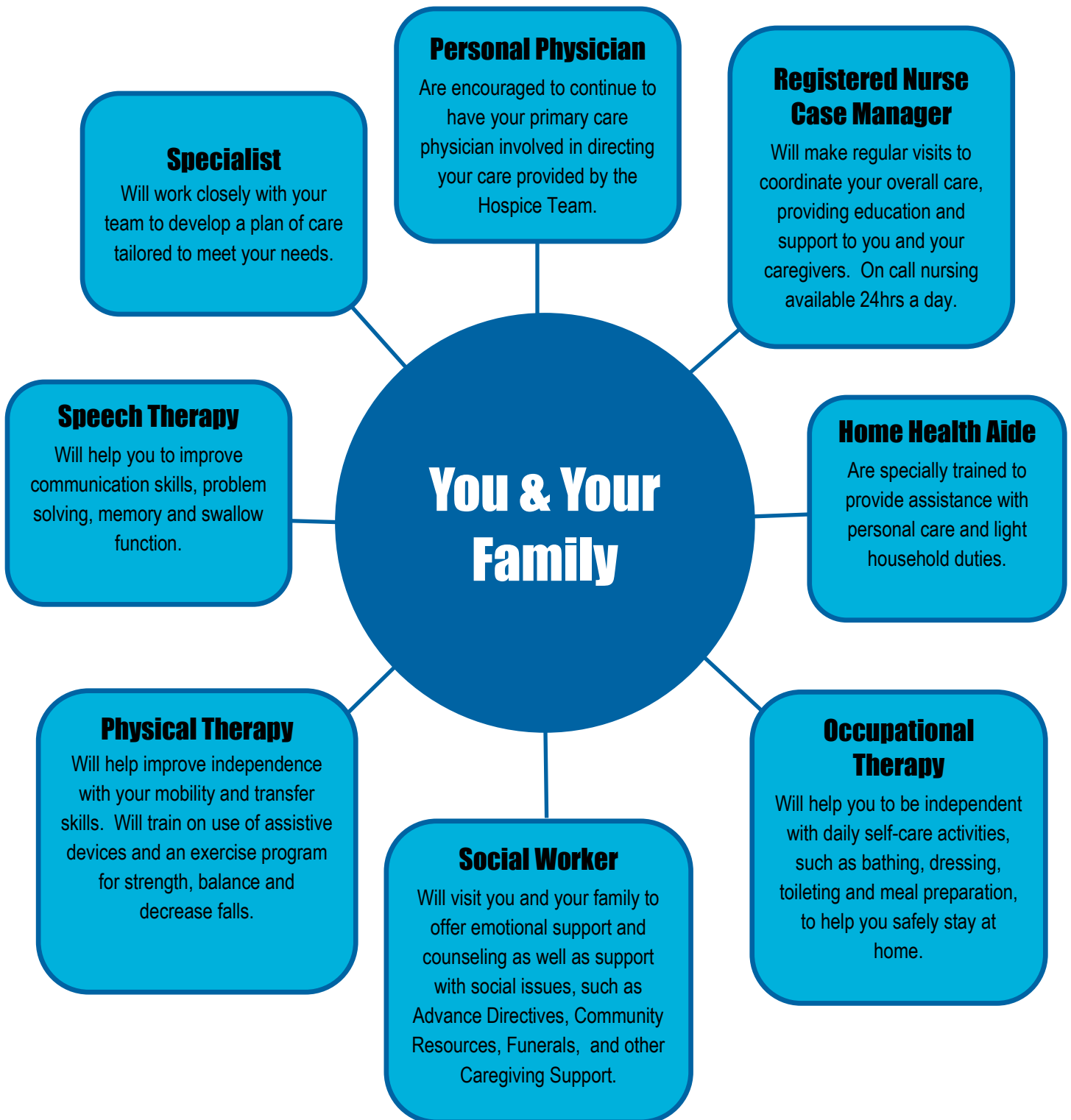
Other Insurance Providers

Each individual insurance will be contacted and an explanation of benefits will be obtained. Your Registered Nurse or Therapist will provide you with specific information about your covered benefits.

Please contact our office with any questions or concerns in regards to your insurance coverage.

Please notify Hospice & HomeCare of Reno County of all insurance changes while receiving services with our agency to ensure successful billing.

Your Care Team



Working together to honor the patient and family's wishes,

Developing Your Plan of Care:

Together we will identify your HomeCare treatment goals. Based on your goals we will create a plan of care. The plan of care is a guide for all members of your HomeCare Team as we work together to help you achieve your healthcare goals.

Some of the tools that we will use to reach your goals and maintain good communication with you and your caregivers are:

Identifying your goals for your HomeCare Treatment is our first priority.

Your HomeCare Team is ready to work with you to reach your treatment goals.

Hospital Risk Assessment: This tool helps to identify any health or social issues that might increase your risk of re-hospitalization in the near future.

HomeCare Treatment Plan: This form is used to communicate the goals that we are working towards with your HomeCare Team and the frequency of our visits.

Emergency Plan: A quick reference guide to common symptoms that you may experience. This guide can help you determine when to notify your Home Care Team or when to contact 911.

Calendar: We will keep an updated calendar in your admission notebook so that you are aware of our scheduled visits.

These forms will be discussed at admission. We will continue to update the information in your admission notebook throughout your homecare certification period. Please keep this notebook in a safe place that is easy to locate for our visits.

When all goals are met, you will receive a two day notice informing you of our plan to discharge from HomeCare Services.

Our hope is to avoid crisis and work proactively to anticipate the needs of you, your family or caregivers. Please feel free to call if any issues arise. Assistance is available 24 hour a day.

Admission Assessment

Your HomeCare team will complete a comprehensive assessment at your first visit. This assessment will help determine your immediate healthcare needs and together you will identify both short-term and long-term goals for your plan of care. During this assessment we will ask you questions regarding your health, medications, mobility and daily activities. We have provided more information on this assessment on the following pages.

Medication & Supplies:

Medicare Home Health services are billed under consolidated billing. This billing includes the professional services that the agency provides and supplies that are provided.

You must notify Hospice & HomeCare of Reno County about supplies that you use or need.

The agency will provide the supplies necessary to meet your medical needs.

The agency will consider any particular brands of supplies that you may have previously used, but reserves the right to provide an alternative product due to vendor contracts etc.

If you obtain supplies without the agency's knowledge, you may be liable for the cost.

Medications: Your care team will look at your current list of medications and make sure that you have the correct medications and the correct dosages and orders. This list will be sent to your primary care physician to make sure they are aware of the medications that you are currently taking.

Medical Supplies: Medical supplies necessary to meet your medical needs while on HomeCare services will be provided as needed. It is important that you notify your care team if you are purchasing medical supplies while on HomeCare services.

Durable Medical Equipment: Your care team will help determine if there is equipment that will assist in your healing process.

Please communicate with your HomeCare Team when needs arise.

Home Health Agency Outcome and Assessment Information Set(OASIS) **STATEMENT OF PATIENT PRIVACY RIGHTS**

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you.

We keep anything we learn about you confidential.

This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can.

You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.

Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.

Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.

Home Health Agency

Outcome and Assessment Information Set (OASIS)


NOTICE ABOUT PRIVACY

For Patients Who Do Not Have Medicare or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.



 <p>HOSPICE & HOMECARE OF RENO COUNTY</p> <p><small>A Member of the Hutchinson Regional Healthcare Family</small></p>	Manual	Clinical
	Title	Home Health Discharge/Transfer of Patients
	Policy Number	C115
	First Approved Date	10/2015
	Last Revision Date	10/2021
	Last Review Date	10/2021
	Approved Date	10/2021
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I. PURPOSE:

- A. To ensure a standardized process for discharging/transfer/referral of patients from Hospice & HomeCare of Reno County and provide necessary ongoing treatment and services based on patient care needs.
- B. To uphold the patient's right to receive information about his/her care, treatment and services and to be involved in the decision-making process when appropriate.
- C. To ensure that appropriate information related to the care, treatment and/or services provided is exchanged with Patient, Family and other staff when patients are transferred or discharged from Hospice & HomeCare of Reno County.


II. POLICY:

- A. Hospice & HomeCare of Reno County is professionally and ethically responsible to provide care, treatment and services within its financial and service capabilities, mission and applicable laws and regulations, once a patient has been admitted to services.
- B. Discharge planning is a dynamic collaborative process that begins with admission to services and continues as an ongoing process in response to patient needs for care, treatment and/or services in an effort to promote positive patient outcomes.
- C. Any discharge, transfer or referral of patients shall occur in an appropriate manner, ensuring that relevant information is communicated to appropriate parties and in such a way as to prevent harm to the patient.
- D. The physician(s) who ordered the care, treatment and/or services is notified of the patient transfer or discharge, and appropriate orders obtained and documented in the medical record.
- E. Medicare patients are provided with a Medicare Non-Coverage of Services no less than 48 hours in advance to discharge,
 - 1. Refer to Notification of Medicare Non-Coverage, C153.
- F. The patient and family, as appropriate, shall be an active participant, when possible, in planning his/her referral, transfer and/or discharge.
- G. Patients who have continuing care needs shall:
 - 1. Receive written or verbal instructions in a manner which is understood by the patient
 - 2. Be informed of available community resources that can be utilized to meet those needs
 - 3. Be assisted to arrange for services to meet their needs, as available
- H. The medical record shall reflect patient progress toward goals while the patient is receiving care, treatment and/or services from Hospice & HomeCare of Reno County.



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- I. Discharge notes and summaries are written, and OASIS data is collected for Medicare/Medicaid patients when services are terminated.
- J. For Medicare/Medicaid patients an updated comprehensive assessments are required:
 1. Within 48 hours of, or knowledge of, transfer to any inpatient facility (transfer to an inpatient facility comprehensive assessment with OASIS data items integrated, with or without HHA discharge), *and*
 2. Within 48 hours of, or knowledge of, discharge to the community or death at home (discharge OASIS assessment with OASIS data items integrated)
- K. Discharge Criteria Shall Include:
 1. The agency and physician agree that the measurable outcomes and goals have been achieved.
 2. A change in the patient's clinical status requires care, treatment or services not provided by the agency and a referral is made to an appropriate organization for continued care.
 3. The agency and the physician who is responsible for the home health plan of care agree that the agency can no longer meet the patient's needs, based on the patient's acuity.
 4. The patient no longer meets the Medicare Home Health Benefit, as defined by Federal regulatory requirements, due to the following:
 - a. The patient is no longer confined to the home
 - b. Services are no longer approved by a physician or patient is no longer under the care of a physician.
 - c. The patient no longer displays intermittent skilled nursing, physical or speech therapy needs and/or does not have continued occupational therapy needs
 5. Physician has ordered discontinuation of services
 6. Discharge for cause when the agency determines that the patient's (or other persons in the patient's home) behavior is disruptive, abusive or uncooperative and/or the safety of staff is in jeopardy.
 7. The patient or payer will no longer pay for the services.
 8. The patient moves from the geographic area serviced by the agency.
 9. The Patient/Representative refuses services or elects to be transferred to another agency or discharged without further services
 10. The patient expires.
 11. The agency ceases to operate.

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L. Transfer Criteria shall include:

1. Patient admitted to hospital under Inpatient status
2. Patient admitted to a Long-Term Care Facility/Skilled Nursing Unit

III. **PROCEDURE**

A. For a Predictable Discharge:

1. The Case Manager/Registered Nurse/Therapist begins discharge planning on admission when goals are mutually established.
2. Specific discharge plans should be discussed by the Registered Nurse/Therapist with the patient/family prior to the expected discharge date.
 - a. Documentation of patient disposition and verification of patient/family understanding regarding discharge/transfer.
3. A Medicare Notice of Non-coverage or a Home Health Change of Care Notice is issued per agency policy/procedure as appropriate.
4. OASIS data set items are collected in accordance with Federal regulatory requirements and HHA's OASIS policies for Medicare/Medicaid patients.
5. The discussions/instructions are documented in the patient's home care record.
6. The patient is provided with current medication profile and instructions to follow-up with primary care physician.
7. Discharge Summary will be completed by each discipline involved in care.
 - a. Each professional staff member summarizes the patient's progress toward goals and directions for continued self or attendant care at their final visit.
 - b. Discharge summary information includes, but is not limited to:
 - i. Summary of the patient's physical, mental and emotional status at the time of transfer or discharge, including summary of care, treatment or services the agency provided to the patient.
 - ii. The date, initiation and reason for transfer or discharge.
 - iii. The extent to which goals were met.
 - iv. A list of community resources or referrals made or provided to the patient.
8. Discharge Summary and Medication profile are faxed to all ordering physicians, and receiving facility/agency within five business days of the patient's discharge.
9. Discharge order is faxed to physician for signature following discontinuation of all homecare services.

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B. Unplanned Transfer or Discharge


1. Complete procedure as noted under predictable discharge
2. A completed transfer summary is sent within two business days of the agency becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer.
3. A completed discharge summary is sent within five business days of becoming aware of an unplanned discharge to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after becoming aware of the discharge from the HHA.

C. Patient Moves Out of Service Area:


1. The Clinical Director/Manager or designee contacts an organization that services the area where the patient will be moving for continuation of services if requested by patient and/or physician.
2. Refer to Predictable Discharge for completion of discharge.

D. Discharge for cause: The patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the agency to operate effectively is seriously impaired.

1. A member of the leadership team is notified of the circumstances present that impair the delivery of care.
2. Make efforts to resolve the problem(s)
3. Advise the patient, representative (if any), physician(s) that a discharge for cause is being considered;
4. Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.
5. Provide the patient and representative (if any), with contact information for other agencies or providers; and
6. Refer to agency ABN policy and procedure.
7. In situations when staff are threatened or endangered, the agency may be required to take immediate actions to discharge or transfer the patient without taking measures to resolve the issue.

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- E. The agency and the physician who is responsible for the home health plan of care agree that the agency can no longer meet the patient's needs, based on the patient's acuity.
1. The Case Manager/Registered Nurse/Therapist notifies the patient/family and referring physician that the required care, treatment and/or services are not provided by this agency. The patient/family are encouraged to be an active participant in the referral/transfer process whenever possible and appropriate.
 2. Transfer/Referral is made to other organizations or providers for the required care, treatment and/or services of patient/family choice.
 3. The transfer/referral is coordinated with the receiving organization/provider
 4. The physician is notified of the referral/transfer verbally/or in writing.
 5. All instructions/communications are documented in the medical record.
 6. The receiving organization is provided with a current medication profile and patient plan of care.
 7. Refer to Home Health Change of Care Notice (C185)
- F. The Patient/Representative refuses services or elects to be transferred to another agency or discharged without further services:
1. The attending physician is notified of the patient/family request for discontinuation of care, treatment and/or services.
 2. All instructions/communications/interventions relevant to the patient's/family's request for discontinuation of care, treatment and/or services is documented in the patient's medical record.
 3. Refer to Predictable Discharge for completion of discharge
- G. Home health patients being transferred to another home health or discharged to a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital:
1. In addition to other applicable discharge/transfer requirements:
 - a. The agency will assist patients and their caregivers in selecting a post-acute provider by using and sharing data that includes, but is not limited to HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures.
 - b. The agency will ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient's goals of care and treatment preferences.

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- c. Refer to agency “Exploring Care Options” for information on facilities within Reno County and services offered for assistance in facility discharge planning.

H. Transfer without discharge

1. Patient is transferred to inpatient care at a hospital.
 - a. Physician order received for transfer and hold of all home health services.
 - b. Complete OASIS transfers on Medicare/Medicaid patients
 - c. Resume services upon discharge from facility with order for resumption of care.
 - d. Complete discharge procedure per predictable discharge with exception of the discharge OASIS (for Medicare/Medicaid patients) if patient remains in facility upon recertification date or per private insurance requirements.
2. Patient is transferred to alternate facility (i.e. Home Plus, Assisted Living Facility)
 - a. Physician order received for transfer to the facility and revisions to the treatment plan following coordination with the facility and the patient/legal representative/surrogate decision maker.
 - b. OASIS transfers are not indicated in this type of facility.
 - c. OASIS discharges will be completed upon agency discharge as indicated above.
 - d. Transfer summaries will be completed by services who are transferring their care to the facility for ongoing patient care, following the transfer within two business days of the transfer.
 - e. Complete discharge procedure as indicated above upon discharge.

IV. **REFERENCE:**

- I. Notification of Medicare Non-Coverage C153
- J. Advance Beneficiary Notice C130
- K. Home Health Change of Care Notice C185
- L. OASIS Coordination of Data and Correction A143
- M. Exploring Care Options (Agency facility reference tool)

Your Right To Appeal Discharge:

You have the right to an immediate, independent medical review (appeal), while your services continue, of the decision to end Medicare coverage of these services.

If you choose to appeal, the independent reviewer will ask for your opinion and you should be available to answer questions or supply information. The reviewer will also look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.

If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.

If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date indicated above, Medicare will not pay for these services after that date.

If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to ask for an immediate appeal:

You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.

Your request for an immediate appeal should be made as soon as possible, but *no later than noon of the day before the effective date indicated above*.

The QIO will notify you of its decision as soon as possible, generally by no later than two days after the effective date of this notice. To appeal your discharge or ask questions:

Livanta

(888) 755-5580

TTY: (888) 985-9295

Fax: (855) 694-2929

Other Appeal Rights:

If you miss the deadline for filing an immediate appeal, you may still be able to file an appeal with a QIO, but the QIO will take more time to make its decision.

Contact (800)-MEDICARE (1-800-633-4227), or TTY: (877) 486-2048 for more information about the appeals process.

Patient Communication Preferences

As a patient of Hospice of Reno County (HORC), we recognize the need to communicate confidential information between patients, families and staff in various ways. To accommodate the request to communicate by email or text it is important for clients to understand the potential risk associated. Email and texting can be inherently insecure and we will only communicate with you by email or text with your written consent at the email and phone provided. When you consent to communicating with us by email or text you are consenting to email and texting communications that may not be encrypted. As well voicemail or answering machine messages may be intercepted by others. Therefore, you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information when you consent to communicating with us through phone, voicemail, email or text. Hospice of Reno County and its affiliates will not be responsible for any privacy or security breaches that may occur through voicemail, email or text communications that you have consented to.

Patient Name: _____ DOB: _____
Mobile #: _____ Mobile Provider: _____

Select One Option:

___ I consent to all communication, including but not limited to communication about my medical condition which may reveal protected health information by the following means (check all that you consent to):

☐ Email ☐ Text by Email ☐ Voicemail

___ I consent to receiving communication about the scheduling of appointments or other communications that do not reveal my protected health information only by the following means (check all that you consent to):

☐ Email ☐ Text by Email ☐ Voicemail

___ I acknowledge and understand that communicating by text message about my or my loved one's medical condition is sent back to HORC staff in email format; therefore, responses may be delayed. HORC will make every effort to respond promptly, however, I understand there is no guarantee on time frame for a response. If there is an urgent need, I understand to call the office at 620-665-2473 and I will be assisted directly. In the case of an emergency I am directed to dial 911.

___ I acknowledge that I am not required to authorize the use of text messaging or email and a decision not to sign this portion of the authorization will not affect my health care in any way.

___ I understand it is my responsibility to ensure that HORC and its affiliates are updated in a timely manner should my phone number or email were to change. HORC will not be responsible for any disclosures that result as a failure to update HORC in a timely manner. By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of unencrypted email and/or texts and consent to receiving information as indicated above despite those risk. Messages, both text and email, containing clinically relevant information may be incorporated into the medical record. I have been provided the opportunity to ask questions and all questions have been answered.

Patient/Personal Representative's Signature

Date

Relationship to Patient

Witness

Date