



PO Box 838, 238 Merrimac Ct.  
Prince Frederick, MD 20678  
Tel: 410.535.0892  
800.735.2258 for hearing impaired  
Fax: 410.535.5677  
www.calverthospice.org

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

## BURNETT CALVERT HOSPICE HOUSE RESIDENT AGREEMENT & INFORMED CONSENT TO CARE

THIS AGREEMENT, effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, (“Effective Date”) is made by and between Calvert Hospice, a non-profit corporation duly organized and existing under the laws of the State of Maryland, with its principal place of business at 238 Merrimac Court, Prince Frederick, MD 20678 (hereinafter “Hospice”), and (name of resident) \_\_\_\_\_, Resident, jointly and severally with \_\_\_\_\_, being Guarantor to the Agreement (hereinafter “Resident and Guarantor”), for Room and Board Services provided by Hospice to Resident at the Burnett-Calvert Hospice House (hereinafter “House”).

1. Hospice, Resident and Guarantor understand and agree that Hospice will provide Resident Room and Board services enumerated below for so long as Resident shall reside at the House:
  - a. Exclusive use of a bedroom and bathroom, with shower facilities accessible to Residents and visitors.
  - b. Daily food services comprised of regular meals and snacks, in accordance with the Resident’s Plan of Care, to meet nutritional needs and Resident’s requests.
  - c. Changes of linens and cleaning of Resident’s suite as needed, including light laundry of Resident’s personal items.
  - d. Access to House facilities, excluding other occupied suites, administrative offices, and storage areas.
  - e. Access to all planned social and recreational activities and provision for special activities of interest a Resident’s request, when practicable.
  - f. Availability of trained staff on a twenty-four hour basis.
  - g. Personal care services including assistance/provision of activities of daily living as determined by the Interdisciplinary Team.
  - h. Administration of medications upon written order of Resident’s physician and in accordance with the Plan of Care.

Resident and Guarantor agree to pay Hospice the daily rate set by Hospice for the above-listed Room and Board Services. The current full daily rate for Room and Board Services is \$200 per day or partial day of occupancy.

Resident and Guarantor acknowledge that Room and Board Services are separate and distinct from Hospice Benefit Services provided by Hospice. Payment to Hospice for Hospice Benefit Services to which Resident is entitled continues unchanged by the terms of this Agreement during residence at the House.

2. Resident and Guarantor understand and agree to the following Terms and Conditions for the provision of Room and Board Services:
  - a. **Eligibility** Resident must be enrolled in the Calvert Hospice hospice services program. Resident must meet clinical guidelines for residence at the House, which Hospice has established, at its sole discretion, and based on its assessment of a patient’s clinical status. *Resident must have a Do Not Resuscitate Order.*
  - b. **Admission Policy** Upon completion of the Admissions Process and payment of applicable costs, eligible patients will be admitted to the House on a first-come, first-served basis, depending on bed availability.

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- c. **Admissions Process** To apply for admission to the House, Resident and Guarantor must complete and sign this Agreement. Hospice staff will make every effort to inform Resident and Guarantor of the services, terms and conditions that apply to residency at the House. Signing this Agreement is acknowledgement that you understand and accept these terms and conditions. Hospice will offer admission to the House to patients who meet Hospice's eligibility criteria, as defined above, on a first-come, first-served basis, depending on the availability of beds.

Upon being notified of an offer for admission to the House, patient and Guarantor must acknowledge their intent to accept the offer by making the advance payment required on or before taking occupancy at the House. All required paperwork must be completed prior to moving into Burnett Calvert Hospice House.

- d. **Per Diem Rate** Resident and Guarantor understand and agree to pay to Hospice a per diem Room and Board payment of \$200 or a calculated adjusted daily rate per day for services provided under this agreement for each day or partial day the Resident resides at the House. Resident and Guarantor acknowledge that this Agreement constitutes valid notice and demand for such payment. A per diem adjusted daily rate is only available to county residents. Out of county residents will pay the full daily rate.
- e. **Advance Payment** Resident and Guarantor understand and agree that upon accepting an offer for admission to the House, they will make a non-refundable advance payment of 5 days per diem charge, for residency at the House. The total Advance Payment will cover the first day of admission through the end of the 4th day and is to be delivered to the main office with the Resident's and Guarantor's signed copy of this Agreement and other admission documentation. Advance payment may be made by check, made payable to Calvert Hospice, or by credit card, and is due upon admission to the House.
- f. **Payment Terms** Resident and Guarantor agree to make weekly payments of the per diem rate due after the Advance Payment. Payment is due within 5 days of receipt of bill. Arrangements can be made with Calvert Hospice for regular and automatic charges of the weekly rate to the Resident's or Guarantor's credit card. Checks should be mailed to Calvert Hospice, PO Box 838, Prince Frederick, MD 20678. Note the name of the Resident on the Memo line. Do not deliver or mail checks to the Hospice House. An invoice will be mailed to the Guarantor each Monday for the prior week's stay.
- g. **Non-Refundable Administrative Fee** Resident and Guarantor understand and accept that Hospice has a non-refundable \$250 dollar administrative fee for admission to the House.
- h. **Indemnification** Resident and Guarantor understand and agree that they are responsible for payment for the services received under this Agreement and that the Hospice has the right to bring legal action to collect not only payments due in accordance with the for services provided, but also interest at the highest legally allowed rate, plus the full cost of collection efforts, including legal expenses, if any, in collecting the unpaid obligation.



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- i. **Insurance Coverage** Resident and Guarantor understand and agree that they are responsible for payment to Hospice for Room and Board services even though Resident may have insurance coverage for these services. Hospice will provide a statement of charges for Room and Board services for the Resident to submit with a claim to his or her insurer for coverage of Room and Board services. The Resident is responsible, however, for filing the claim.
- j. **Discharge Planning** The House is not a long-term care facility. All Parties involved in the Resident's care (Resident, Guarantor, Family, Power of Attorney, Designated Agent, etc.) understand and agree that if a Resident's clinical status stabilizes or improves, Hospice will require the Resident to be discharged from the House back to his or her former residence or to another facility. Calvert Hospice staff will assist in arranging transportation back to the previous living arrangement or assist in finding alternative living accommodations. All Parties understand and agree that they are obligated under this Agreement to assist full with discharge planning and the discharge process.
  - i. Resident and Guarantor understand that the resident may withdraw from the Hospice program at any time and that upon withdrawal from Hospice care the resident is required to vacate the BCHH immediately and that full payment for all days and partial days that the resident resided at the house is due. Written notice must be provided no less than 48 hours in advance of any planned discharge from BCHH.
- k. **Leave of Absence** Residents may choose to leave the House to visit family or friends, provided that the Interdisciplinary Team agrees that travelling from the House will not jeopardize the Resident's safety or Plan of Care. Resident and Guarantor understand that House staff requires advanced notice of any leave of absence, regardless of the planned length of time, so that accommodations for equipment, medications, travel contracts, and any other necessary arrangements may be made. Resident and Guarantor are responsible for signing Resident in and out of the House, as well as signing for all narcotic and non-narcotic medications that will be required during the leave of absence. House staff will provide instructions regarding medications to be administered during the leave of absence.
  - i. During a Leave of Absence, Resident and Guarantor retain responsibility for making Room and Board payments as scheduled. Hospice reserves the right to terminate this agreement if prior authorization for the Leave of Absence is not obtained.
- l. **Pharmacy Coverage** Resident and Guarantor understand and agree that all of Resident's medications included those that may be covered by the Resident's Hospice Benefit and those that are the Resident's responsibility, must be obtained from the pharmacies approved by Hospice. House staff will arrange with the approved pharmacies to provide and deliver all medications, where possible. Guarantor, Designated Agent, or other person approved by Hospice and Designated Agent may be requested to pick up medications from the approved pharmacy to deliver to the House on Resident's behalf. Resident and Guarantor understand and agree to contact the contracted pharmacy and provide credit card or other advance payment information to be used to pay for those medications that are the Resident's responsibility.
- m. **Personal Belongings** Residents may bring personal items to the House. However, Resident and Guarantor agree that neither Hospice nor House staff is responsible for damage to or loss of personal belongings brought to the House by Resident or his or her visitors. Personal belongings should be removed from the House immediately after Resident's discharge or death. Personal belongings left in the House will be



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disposed of promptly.

- i. Personal care items such as toiletries are *not* provided by the House, and are to be provided by Resident and Guarantor.
  - ii. Personal belongings may not be hung on House walls. Each Resident is provided with a memo/bulletin board to display cards and photos.
  - iii. As each Hospice House room is fully furnished, residents may not bring additional furniture from home.
- n. **Change of Condition/Notice** Hospice shall use its best efforts to notify Resident's physician and/or Designated Agent of any significant changes in the Resident's physical, mental, or emotional status.
- o. **Termination** Resident may terminate this Agreement at any time by written notice to Hospice. Immediately upon receipt of Resident's written notice, Hospice will begin to process of planning for Resident's discharge to ensure the safety and continuation of appropriate care for Resident. The termination will become effective on the date of the Resident's safe discharge.

Hospice may terminate this Agreement at any time for reasons including, but limited to, nonpayment of amounts due or violation of the House rules.

- p. **Resident Safety** If Resident or guests become a threat to themselves or others, Hospice will take immediate action to ensure the safety of the Resident, other residents of the House, staff, and visitors. This action may include transfer to a more appropriate setting. Hospice will use its best efforts to contact Resident's designated agent should such actions be necessary, but in all cases will take whatever immediate steps are deemed by Hospice to be necessary to ensure Resident's safety and well-being, as well as the safety and well-being of others in the House. Under the House's emergency preparedness plan, Residents may be relocated elsewhere until it is deemed safe to return to the House.
- q. **Visitation** Visiting hours are from 10:00 a.m. to 8:00 p.m. For security reasons, visitors must present identification to gain entrance to the House after 8:00 p.m. Hospice encourages family members and visitors to return to their own homes in the evening so that they may get the rest they need to be present and helpful to the Resident. Visitors whose family member is actively dying may choose to stay overnight in the Resident's room. Sleeping in the public areas of the House is not permitted. Visiting hours are subject to restrictions to protect the rights and safety of other residents. The House reserves the right to require supervised visitation or to restrict visitation when a visitor's behavior requires intervention by staff or law enforcement or where there is a judicial restraining order against that individual. The House reserves the right to end visitation when staff deems it to be detrimental to the Resident's safety or well-being. In order to ensure the safety of all residents, staff, and visitors, Calvert Hospice reserves the right to take action up to and including termination of visitation privileges and discharge of the resident from the House if the behavior of a visitor is consistently disruptive. *Children must be supervised at all times while visiting the House.*
- r. **Smoking Policy** The Hospice House is a Non Smoking facility. Smoking of tobacco products and electronic cigarettes is prohibited inside as well as on all outdoor property and grounds. Resident

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understands and accepts that he or she, and his or her visitors, may not smoke at the Hospice House. Hospice will provide medical treatment to ameliorate the effects of this policy for the Resident if necessary, as long as the Interdisciplinary Group determines that it is safe to do so.

Resident and Guarantor understand and agree that Resident's visitors will be informed of this policy and will be denied entrance to the House if they do not comply. The Burnett Calvert Hospice House reserves the right to discharge a patient from the facility if they are non-compliant with the smoking policy. Visitors who are non-compliant with the smoking policy may have their access to the Burnett Calvert Hospice House restricted.

- s. **Pet Policy** For the safety and comfort of all patients and visitors, pets are not allowed within BCHH. A certified pet therapy dog is available to make routine visits to BCHH to visit interested patients.

Resident and Guarantor acknowledge BCHH is a residential facility and that visitors and guests unknown to me may recognize me as a hospice patient during my stay at BCHH. We acknowledge that this possibility constitutes a potential disclosure of my health information. We therefore authorize Calvert Hospice to disclose my enrollment in hospice and the general status and progression of my disease process by virtue of my residence at BCHH solely to the extent that we may be recognized as a resident of BCHH by any visitor or guest. We acknowledge that this authorization will remain in force for as long as residence is maintained at BCHH. We acknowledge that this authorization is an explicit waiver of my rights as established by Calvert Hospice's Privacy Policy.

Resident and Guarantor acknowledge that we have received a copy of the BCHH Patient Bill of Rights and Responsibilities. We acknowledge that these rights and responsibilities have been explained to us. We understand that we are entitled to have these rights respected by BCHH and Calvert Hospice staff and anyone who is providing care by arrangement with Calvert Hospice.

This Agreement is entered into and accepted by and on behalf of Hospice, Resident, Guarantor, and Designated Agent as of the day and date first written above.

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**Resident**

\_\_\_\_\_  
Signature

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

**Guarantor of Financial Obligations of the Resident under this Agreement**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone (home)

\_\_\_\_\_  
Address line 2

\_\_\_\_\_  
Telephone (work)

\_\_\_\_\_  
Address line 3

\_\_\_\_\_  
Telephone (cell)

**Designated Agent of the Resident to be notified as provided in this Agreement**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone (home)

\_\_\_\_\_  
Address line 2

\_\_\_\_\_  
Telephone (work)

\_\_\_\_\_  
Address line 3

\_\_\_\_\_  
Telephone (cell)

**Designated Agent of Calvert Hospice**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

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