



PO Box 838, 238 Merrimac Ct.
Prince Frederick, MD 20678
Tel: 410.535.0892 or 301.855.1226
800.735.2258 for hearing impaired
Fax: 410.535.5677
www.calverthospice.org

Patient Name: _____

BURNETT CALVERT HOSPICE HOUSE PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

As a Burnett Calvert Hospice House patient or patient representative, you have the right to:

Be treated by all Hospice personnel with consideration and respect for your individual dignity and your cultural and personal values, beliefs, and preferences.

Be treated with respect for your privacy, including the right to have staff knock on your door before entering.

Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of an unknown source, and misappropriation of you property by Hospice staff or anyone providing services under arrangement with Calvert Hospice.

Receive appropriate and compassionate care regardless of you diagnosis, race, age, gender, creed, religion, nationality, handicap or disability, sexual orientation, or ability to pay for Hospice services.

Be cared for by a team of professionals who will provide the highest quality of Hospice care possible as determined by the needs of you and your family and who communicate with you effectively.

Choose your Attending Physician.

Access to a licensed nurse 24 hours a day, seven days a week.

Access to a Hospice Aide/Medication Technician 24 hours a day, seven days a week.

Access to an in-room telephone to be installed at your request.

Confidentiality and privacy as set forth in the Calvert Hospice privacy notice and the attached Informed Consent for Care at the Burnett Calvert Hospice House.

Have your pain managed effectively, which includes having your reports of pain believed, receiving information about pain and pain relief measures, and being cared for by a staff that is committed to pain prevention and management and that responds quickly to reports of pain.

Have other symptoms related to your terminal illness managed effectively. Have your requests for religious and other spiritual services accommodated.

Be fully informed of your health status in order to participate in the planning of your Hospice care.

Refuse medications, treatments, care and services, including continued participation in the Hospice program.

Be free from physical and chemical restraints.

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Receive information about the scope of services that Calvert Hospice will provide, including the availability of short term in-patient care options for pain control, symptom management, and specific limitations on those services.

Receive information about the services covered under the Medicare Hospice Benefit.

Access to all of the services provided to patients according to the 'Services Provided' policy.

Be informed of the Hospice's discharge policy.

Be informed orally and in writing, before care is initiated, of the extent to which payment may be expected from you, third-party payers and any other source of funding known to the Hospice.

Voice a grievance with or suggest a change in Hospice services or staff without fear of threat, retaliation or restraint by calling the Hospice Executive Director at (410) 535-0892 or the Maryland Department of Health and Mental Hygiene, Office of Health Care Quality at 1-800-492-6005.

To exercise any of these rights without being subjected to discrimination or reprisal

As a Burnett Calvert Hospice House patient, you have the responsibility to:

Participate in developing your plan of care and updating it as your condition or needs change.

Provide Hospice with accurate and complete information about your health.

Participate in managing your pain by seeking information about pain and pain management, discussing pain relief options with your nurse, working with your nurse to develop a pain management plan, asking for pain relief when pain first begins, helping your nurse assess your pain, telling your nurse if your pain management is not effective and if you have concerns about taking pain medication.

Make provisions for on-going payment to Hospice for Room and Board Services per your financial contract. Payment of said bill is due 5 business days after it is received.

Make provisions for on-going availability of those medications required but are not covered by the Hospice benefit.

Assist Hospice staff in developing and maintaining a safe environment in which your care can be provided. All persons are asked to be considerate of BCHH property.

Notify BCHH staff immediately of any damage to personal or Hospice Property in order to ensure the safety of everyone.

Provide written notice to BCHH staff no less than 48 hours prior to any discharge from the facility. Payment in full is required upon discharge from any patient discharged from the Burnett Calvert Hospice House.

Patients and their visitors are asked to be considerate of other Patients with regard to noise.

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The Burnett Calvert Hospice House is a smoke-free campus. The use of tobacco products and electronic cigarettes is prohibited in all buildings and outdoor areas on the property. Medications can be ordered to lessen the desire to smoke and make the patient more comfortable if necessary, in accordance with orders from the patient's Attending Physician. 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.

Children must be supervised at all times while visiting BCHH.

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.

I have discussed the Calvert Hospice BCHH program with a member of the Calvert Hospice staff and have had all of my questions and concerns addressed to my satisfaction.

Name of Patient or Authorized Representative	Signature of Patient or Authorized Representative	Date
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