

TRANSITIONS PROGRAM
Participant Informed Consent

I _____ have been informed that Transitions is a community service program whose main goal is to help individuals and families cope with problems that accompany life limiting or advancing chronic illness. It is designed to improve quality of life through palliative education, emotional support, encouragement and community resource information as needed. Transitions is sponsored by Hospice of San Joaquin, funded through grants, gifts and donations and is free of charge to me and my family. Transitions information is maintained in strictest confidence.

- Education and support is provided by expert staff via telephone communication or occasional visits to individuals in their homes or facility. No hands on medical care is provided.

I have read and understand the Transitions Program information and feel it would be beneficial for me and/or my family. I understand services are educational and supportive in nature- no hands on medical care is provided and is free of charge to me and my family. I understand information is maintained in strictest confidence. I authorize Transitions personnel to have access to my- or participant's medical information and/or may perform home/facility visits as needed. I understand, there is no obligation to enroll in Hospice and I/or my family may elect to discontinue Transitions services any time. I understand I/or my family may be discharged from the Transitions Program if it is determined services are no longer appropriate.

Signature of Participant or Representative

Signature of Witness

Date