G-51.8 Attachment A
Effective: 9/22/2014
Reviewed: 04/2022

CONSENT TO HOSPICE CARE

NAME: _____ TDCJ#: _____

It has been explained to me that hospice involves palliative (comfort) care only. Curative treatment for the terminal diagnosis is not provided. The hospice team will work to reduce pain and distressful symptoms and to provide emotional and spiritual support as needed.

I wish to be admitted to this program. I understand there is no guarantee this program will improve my condition.

I permit my medical provider and other hospice medical staff to treat me in this program.

I understand entering into this program does not limit my choice or my physician's recommendations as to any present or future medical decisions.

I understand I have the right to refuse to receive care at any time and to make my own health decisions.

I have received information on hospice care and information on Advance Directives.

I understand that my medical records are confidential.

_____ _____
Patient/Authorized Person TDCJ #

_____ _____
Relationship to Patient Date

_____ _____
Witness Signature Date