

Digital Hospice Consent Packet

Falling Stars Palliative LLC

Texas | 24/7 on-call number provided at admission

Patient	Dr B
DOB	2026-05-30
Admission date	2026-05-30
Benefit period	1st
MBI	564328764
Medicaid	3456788

1. Notice of Hospice Patient Rights & Responsibilities

Regulatory basis: Medicare hospice patient rights and responsibilities; applicable Texas hospice requirements.

Rights

- Be treated with dignity and respect without discrimination.
- Be free from mistreatment, neglect, verbal, mental, sexual, and physical abuse.
- Receive verbal and written notice of rights before care begins.
- Be informed of services covered under the Medicare and Medicaid Hospice Benefit.
- Be informed of the disciplines providing care and the expected visit frequency.
- Participate in developing, reviewing, and revising the plan of care, and refuse care without reprisal.
- Choose and change the attending physician.
- Be informed of and participate in advance care planning, including living wills, medical power of attorney, and OOH-DNR options.
- Receive effective pain management and symptom control.
- Have medical records kept confidential under HIPAA.
- Voice grievances without fear of reprisal.
- Be informed of the grievance procedure and contact options for Medicare, OIG, and Adult Protective Services.

Responsibilities

- Provide accurate and complete health information.
- Cooperate with the plan of care, follow instructions, and notify the nurse of changes.
- Notify hospice before going to the hospital or seeing another physician for hospice-related needs whenever possible.
- Treat staff with respect and provide a safe care environment.
- Notify hospice of changes in living situation, caregiver, or contact information.

Contact information: Medicare 1-800-633-4227 | OIG 1-800-447-8477 | Texas APS 1-800-252-5400

I acknowledge receipt of Hospice Patient Rights & Responsibilities

2. Informed Consent for Hospice Care

Regulatory basis: Medicare hospice election and informed consent requirements.

- Hospice care is palliative, focused on comfort and quality of life, not curative treatment of the terminal illness.
- Hospice is for a terminal illness with a physician-certified life expectancy of six months or less if the illness runs its normal course.
- Services are available 24 hours per day, 7 days per week through the hospice on-call number.
- Hospice staff are not present continuously. The patient, family, and caregiver remain responsible for care between visits.
- The interdisciplinary team may include RN/LVN, hospice aide, medical social worker, chaplain, bereavement support, trained volunteer, dietitian, and PT/OT/ST as authorized by the plan of care.
- The four levels of hospice care are Routine Home Care, Continuous Home Care, General Inpatient Care, and Inpatient Respite Care.
- The patient or representative has the right to revoke hospice election at any time.

I consent to receive hospice care as described

3. Medicare Hospice Election Statement

Regulatory basis: Medicare hospice benefit election statement requirements.

- The patient elects the Medicare and/or Medicaid Hospice Benefit from Falling Stars Palliative LLC.
- The effective date of election is the admission date unless otherwise documented.
- By electing hospice, the patient waives Medicare payment for Part A, Part B, and Part D services related to the terminal illness and related conditions, except through the hospice or arrangements made by hospice.
- The patient has the right to maintain an attending physician.
- The patient has the right to request a non-covered items, services, and drugs addendum.
- Immediate advocacy may be requested through the BFCC-QIO: Livanta 1-877-588-1123.
- Benefit periods include the 1st 90-day period, 2nd 90-day period, and subsequent 60-day periods.
- The patient has the right to revoke hospice election or transfer to another hospice according to Medicare rules.

Effective election date	2026-05-30
Benefit period	1st
Medicare MBI	564328764
Medicaid	3456788

I elect the Medicare Hospice Benefit as described

4. Non-Covered Items Addendum

Regulatory basis: Hospice election addendum for items, services, and drugs unrelated to terminal illness and related conditions.

- The addendum lists items, services, and drugs that hospice has determined are unrelated to the terminal illness and related conditions.
- The patient or representative has the right to request the addendum and to seek immediate advocacy through the BFCC-QIO.
- Clinical determinations may include the terminal diagnosis ICD-10 code, related conditions, and unrelated diagnoses.

I acknowledge receipt of non-covered items notification

5. Hospice-Covered & Coordination-of-Care Notice

Regulatory basis: Medicare hospice covered services and care coordination requirements.

Covered services may include

- Nursing services, medical social work, hospice aide and homemaker services, physician services, counseling, short-term inpatient care, medical supplies, durable medical equipment, therapy services, and bereavement services when related and authorized.
- Medication, equipment, and supplies related to the terminal illness and related conditions as determined by the hospice plan of care.

Coordination of care

- The patient always has the right to call 911 in an emergency.
- The patient, family, or caregiver should notify hospice before or as soon as possible after an emergency room visit, hospital visit, or visit with another provider.
- Hospice coordinates related care to avoid fragmented services and unexpected billing.

I acknowledge covered services and coordination requirements

6. HIPAA Authorization

Regulatory basis: HIPAA authorization for use and disclosure of protected health information.

- The patient authorizes Falling Stars Palliative LLC to use and disclose protected health information, including medical records, visit notes, labs, medication records, and the plan of care.
- Authorized disclosers include agency workforce members and authorized business associates.
- Authorized recipients may include treating providers, Medicare, Medicaid, accreditation entities, quality reviewers, legal or regulatory authorities, and designated family or representatives.
- Permitted purposes include treatment, payment, health care operations, quality review, accreditation, and legal or regulatory needs.
- This authorization expires two years from signature or at the end of hospice care plus six months, whichever is later unless revoked sooner.
- The patient may revoke this authorization in writing at any time, except to the extent action has already been taken in reliance on it.

I authorize use and disclosure of my PHI as described

7. Release of Outside Medical Records

Regulatory basis: Authorization to obtain external medical records for hospice treatment and payment.

- The patient authorizes external providers, hospitals, facilities, pharmacies, laboratories, and other care entities to release records to Falling Stars Palliative LLC.
- Records requested may include history and physicals, discharge summaries, physician notes, nursing notes, labs, imaging, medication lists, advance directives, and related clinical records.
- This authorization expires 12 months from the signature date unless revoked sooner in writing.

I authorize release of my outside medical records

8. Permission to Share PHI with Designated Persons

Regulatory basis: Patient authorization to communicate protected health information with designated persons.

- The patient may designate up to five people with whom Falling Stars Palliative LLC may share protected health information.
- Designated information may include condition updates, care coordination, medication information, plan of care information, scheduling, and hospice benefit information.
- This permission may be limited or revoked in writing at any time.

I authorize sharing my PHI with designated persons

9. Financial Responsibility & Assignment of Benefits

Regulatory basis: Assignment of hospice benefits and beneficiary financial responsibility notice.

- The patient assigns Medicare and/or Medicaid hospice benefits to Falling Stars Palliative LLC for covered hospice services.
- Routine Home Care, Continuous Home Care, and General Inpatient Care have no patient cost-sharing under the hospice benefit when covered and arranged by hospice.
- Hospice drugs may have cost-sharing up to \$5 per prescription, which the agency may waive as stated in agency policy.
- Inpatient respite care may have up to 5 percent cost-sharing when applicable.
- The patient will not be billed beyond federal and state limits for covered hospice services.

I assign benefits and acknowledge cost-sharing terms

10. Primary Caregiver Agreement

Regulatory basis: Hospice plan of care and home caregiver coordination.

- The primary caregiver is identified for care coordination and support between hospice visits.
- Caregiver responsibilities may include being present or arranging support between visits, assisting with activities of daily living, administering medications as instructed, recognizing distress or changes, and participating in care planning.
- The patient and family should maintain a backup plan if the primary caregiver is unavailable.

I acknowledge primary caregiver responsibilities

11. Photo/Video/Audio Consent - Optional

Regulatory basis: Optional authorization for image, video, and audio use.

- The patient may separately initial consent for identification photos, clinical photos, training use, and marketing use.
- Consent is optional and refusal will not affect care or eligibility for services.
- Consent may be revoked in writing at any time, except to the extent the agency has already relied on it.

I have reviewed the photo/video/audio consent options

12. Telehealth/Telemedicine Consent

Regulatory basis: Consent for hospice telehealth and telemedicine services where allowed.

- Hospice services may be provided through telehealth for assessments, counseling, education, medication review, and care coordination when appropriate.
- Certain required visits must be in person, including recertification encounters, comprehensive assessments when required, and hospice aide supervisory visits as applicable.

- Risks include insufficient image or audio quality, connectivity failures, privacy risks, and possible need for in-person follow-up.
- The patient may decline telehealth, inspect telehealth-related records, and retains HIPAA privacy protections.

I consent to telehealth services as part of my care

13. Consent to Run Medicare Eligibility (HETS)

Regulatory basis: Authorization to verify Medicare eligibility and hospice benefit status.

- The patient authorizes Falling Stars Palliative LLC to query Medicare eligibility systems, including HETS/CWF or successor systems.
- Verification may include Part A entitlement, hospice benefit period status, prior hospice elections, hospitalizations, Medicare Advantage status, and other coverage information needed for care and billing.

I authorize Medicare eligibility verification

14. Advance Directives & OOH-DNR Acknowledgment

Regulatory basis: Advance directive notice and Texas out-of-hospital DNR acknowledgment.

- Advance directive options may include a Living Will, Medical Power of Attorney, Out-of-Hospital DNR order, and Declaration for Mental Health Treatment.
- The patient may indicate whether each document exists, does not exist, or is desired for completion with staff assistance.
- The patient may identify a medical power of attorney or surrogate decision-maker where applicable.

Living Will	Wish to complete
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I acknowledge advance directive information provided

15. At-Risk Registry Consent - Texas

Regulatory basis: Texas emergency preparedness at-risk registry consent.

- The THPCO At-Risk Registry may be used for emergency preparedness coordination.
- Shared information may include name, address, medical conditions, caregiver, mobility or transport needs, and contact information.
- Participation is voluntary and does not guarantee emergency services, transportation, shelter placement, or priority response.
- The patient may consent or decline participation.

I have reviewed the At-Risk Registry information

16. Medicare Secondary Payer Questionnaire

Regulatory basis: Medicare Secondary Payer screening requirements.

- The questionnaire screens for coverage that may pay before Medicare.
- Topics include Working Aged coverage, Disability coverage, ESRD coverage, Liability insurance, Workers' Compensation, Veterans Affairs coverage, and other insurance.
- The patient or representative should answer the questions accurately and notify hospice if coverage changes.

I have completed the MSP questionnaire

17. Beneficiary Acknowledgment of NOE Filing

Regulatory basis: Medicare Notice of Election filing requirement acknowledgment.

- Hospice must file the Notice of Election within five calendar days after the start of hospice care.
- If hospice files late, the financial loss for late-filed days is the hospice's responsibility and not the patient's responsibility.
- The patient should provide accurate identifying information needed for timely filing.

I acknowledge the NOE filing requirement

18. Acknowledgment of Receipt of All Documents

Regulatory basis: Admission packet acknowledgment and decisional capacity documentation.

- The patient or representative confirms receipt and review of the hospice admission packet, including all 19 consent sections and applicable agency policies.
- The admission process includes review of patient rights, informed consent, election statement, privacy forms, financial responsibility, caregiver planning, emergency preparedness, MSP screening, NOE acknowledgment, and OOH-DNR information.
- The hospice representative may assess and document patient decisional capacity or representative authority during admission.

I acknowledge receipt of all admission documents

19. Texas OOH-DNR Order - DSHS Form

Regulatory basis: Texas Department of State Health Services Out-of-Hospital DNR order information.

- The patient may indicate whether an Out-of-Hospital DNR order exists, does not exist, or is being completed with staff.
- The official Texas DSHS OOH-DNR form is EF01-11421 or its successor form.
- Hospice can provide education and coordinate with the attending physician or authorized practitioner as appropriate.

I acknowledge the OOH-DNR information provided

Signature



Signer name	Dr b
Relationship	Delf
Date signed	2026-05-30 14:32:53 UTC