**SAMPLE FORM**

When Hospital at Home patients are admitted to an acute inpatient stay under the CMS waiver, a consent form similar to that used for any inpatient admission would be used. What additional language might be appropriate for the Hospital at Home admission? The following is an example of the language used by one system - any consents should be reviewed by the legal counsel and compliance teams at your institution.

CONSENT FOR HOSPITAL MEDICAL CARE AT HOME

My provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has determined that I meet the eligibility requirements for having my hospital medical care at home.

I understand that whether to participate in having my care at home is my choice. I am not required to participate and can choose to receive my care in the hospital setting. I understand that if at any time I become uncomfortable or feel having my care at home is no longer appropriate for me, I can ask to be transferred to the hospital and will be admitted if my condition so warrants.

My care team, which includes providers, nurses and medical assistants, will visit me at home to assist with education and provide my ongoing assessments and treatment. My care team will not remain at my home and I will not be monitored remotely.

When my care team is not present, my caregiver and/or I are(am) responsible for monitoring my health, administering prescribed self-treatment and notifying my care team when issues arise. If I am having a medical emergency, I know to call 9-1-1.

My provider informed me of the risks and benefits to participating in having my care at home, including notifying me that my outcome may not reflect the studies showing better outcomes when care is at home.

I have been afforded the opportunity to ask questions about the risks, benefits and alternatives of having my hospital care at home. All my questions have been answered to my satisfaction.

I understand that having my hospital care at home can be discontinued by either my provider or me at any time, should either of us determine that having my continuing care at home is no longer appropriate in the context of my evolving health care condition and/or needs.

I acknowledge that my provider may recommend that I transfer my treatment in the hospital if my health condition changes. I agree to transfer my care to the hospital if requested to do so by my provider.

I have read and understand the information provided above regarding my option to have my hospital care at home. All my questions have been answered to my satisfaction. I agree that having my hospital care at home is appropriate at the present time.

I hereby consent to the use of my home for my hospital care.

Patient or Patient Representative Name:

Patient or Patient Representative Signature: Date: Time:

Witness name:

Witness Signature Date: Time:

Interpreter name: Date: Time: