



**ADMISSION
CONSENT
(CONTINUED)**

CONSENT FOR TREATMENT: I hereby give my permission for authorized personnel of your agency to perform all necessary assessments, procedures and treatments as prescribed by my physician for the delivery of home health care. I understand that the agency will supervise services provided, I may refuse treatment or terminate services at any time, and the agency may terminate their services to me as explained in my orientation. I agree and consent to the home care plan and payment as outlined in this admission booklet. I understand that this is the initial plan and I will be notified by the agency each time there are changes made in my plan of treatment.

PATIENT RIGHTS AND RESPONSIBILITIES: I acknowledge verbal explanation and written receipt of my rights and responsibilities as a patient (including Texas Rights of the Elderly and OASIS rights, agency administrator's name and contact information, agency discharge, transfer and referral policy and how to contact local resources) and I understand them. I have received and understand the procedure for filing a complaint. The state home health hotline number (1-800-458-9858), its purpose and hours of operation have been provided and explained to me. I understand I may also submit my complaint in writing to Texas Health and Human Services Commission, Consumer Rights and Services, Mail Code E-249, P.O. Box 149030, Austin, TX 78714-9030. I have received the agency's policy on reporting abuse, neglect and exploitation. I acknowledge that I have chosen this agency to provide home health care. No employee of this agency has solicited or coerced my decision in selecting a home health agency.

CONSENT TO FILM OR RECORD: I hereby consent for the agency to record or film my care, treatment and services and allow the agency to use the photographs/recordings for their internal use, for documenting my medical condition or for insurance providers to document my condition for payment purposes.