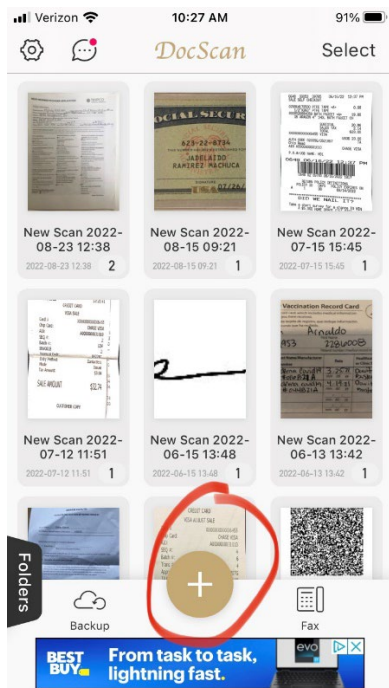
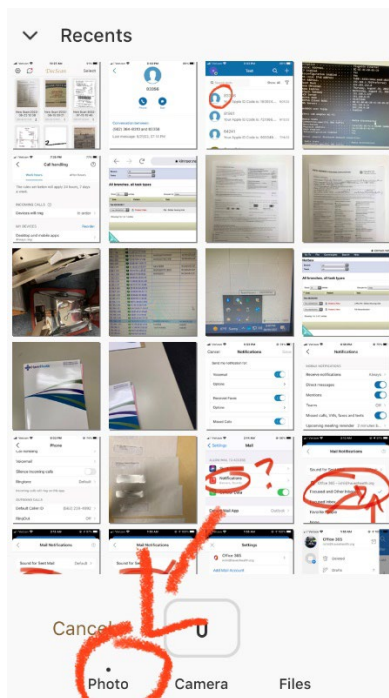


How to convert an image/photo into a PDF using DocScan

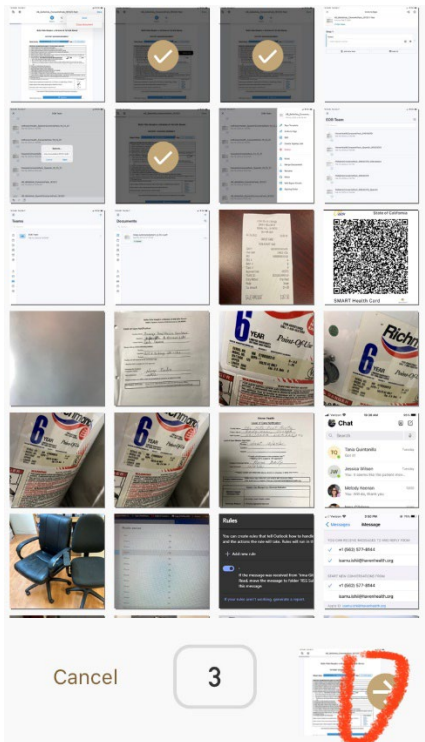
Open the DocScan app and press the + icon to create a new file



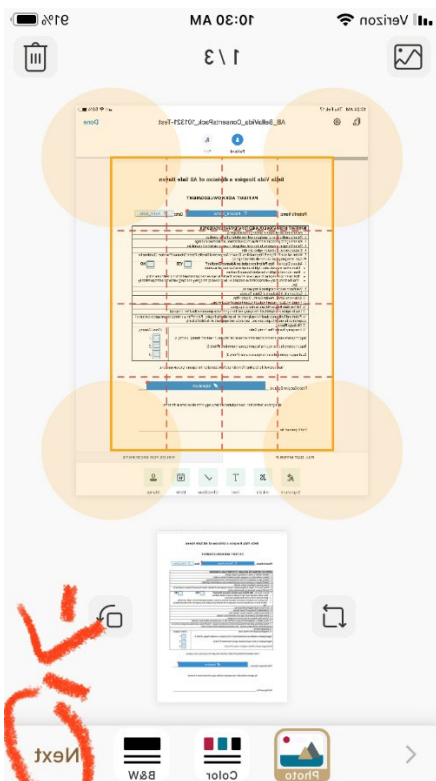
By default, this will allow you to take a photo. If the photo has already been taken select photo



Select the images you want to convert then press the “Right Arrow” button



Adjust the borders for the image then press Next until you can press Done



Press the Export button and select mail to send the pdf

Verizon 10:30 AM 91%

< New Scan...8-31 10:30 Select

Bella Vida Hospice a division of AB Safe Haven

PATIENT ACKNOWLEDGMENT

Patient's Name: Date:

IMPORTANT INFORMATION EXPLAINED TO PATIENT/FAMILY/CAREGIVER

1. Patient's location of care in selecting a hospice agency.
2. Patient's understanding of goals and how related to health condition.
3. Patient's right to participate in the Plan of Care/assessment, and informed of change.
4. Patient/Caregiver is expected to learn and participate in care consistent with capabilities.
5. Disease process, medication regimen, and diet.
6. Written notice of PT, Rights & Responsibilities, Consent, Assignment of Benefits, Patient Grievance Procedure, Guidelines for Care, Emergency Care and non-disclosure policy.
7. Advance Directives. **Has Patient executed an Advance Directive?** YES ☐ NO ☐
 - Given written materials about right to accept or refuse medical treatment.
 - Been informed of signs to formulate Advance Directives.
 - That patient is not required to execute an Advance Directive to receive medical treatment from this health care facility.
 - That the terms of any Advance Directive executed will be followed by the agency and caregivers to the extent permitted by law.
8. Visit Plan to include disciplines & frequencies.
9. Confidentiality & Disclosure of Clinical Records.
10. Basic Home Safety, Infection Control, Disaster Plan.
11. Patient liable for payment and right to be informed of any charges.
12. Toll-free State Hospice hot line number and purpose.
13. How to register a complaint with the agency and their right to voice grievance without fear of reprisal.
14. Patient and family understand that equipment will be provided by hospice. Patient/Family understands and agrees to return all equipment at the end of hospice services. Any unreturned equipment will be billed to family.
15. Discharge Planning.
16. Emergency Disaster Plan Priority Code: ☐ 1 ☐ 2 ☐ 3 (Check Category)

Support systems unreliable and inconsistent and/or on O2, infusion, or ventilator therapy (Priority 1)

Support systems in place requiring frequent agency interventions (Priority 2)

Good support system, efficient caregivers in place (Priority 3)

I have received the following information and have been given the opportunity to ask questions.

Patient/Caregiver Signature:

My signature certifies that I have explained and left a copy of the above items in the home.

Staff Signature Title:

1 / 3

Export OCR Add Reorder Edit

BEST BUY

Verizon 10:31 AM 91%

Print Fax

Open In Photos DocFax

Dropbox Google Drive OneDrive Box

Files WebDAV SMB (Win / Mac) Pro

Smart Cleaner · Clean Up... INSTALL

iPhone Memory Full

Device will not work!

Clean