

Hospice Care Patient Rights

Date: _____

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are committed to ensuring that your rights as a hospice care patient are recognized and upheld. As a recipient of hospice care services, you have the following rights:

- The right to receive care that respects your dignity and individuality.
- The right to participate in decisions regarding your care and treatment.
- The right to receive information about your medical condition and prognosis.
- The right to privacy and confidentiality regarding your health information.
- The right to express concerns and make complaints regarding your care.
- The right to receive pain management and palliative care that meets your needs.
- The right to have family members involved in your care decisions.
- The right to discontinue care at any time.

Our team is dedicated to providing you with compassionate care while respecting your rights as an individual. If you have any questions or concerns, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Position]

[Hospice Care Provider Name]

[Contact Information]