



Agreement and Consent for UT Southwestern Home Health Care Services

I understand that after my planned procedure I will be discharged from UT Southwestern Outpatient Surgery Center and may recuperate at home or other location at which I will have the assistance of an adult caretaker. I choose for my comfort and convenience to recuperate at Medallion Guest Suites. I understand that Medallion Guest Suites is not a health care or nursing facility.

I request that UT Southwestern Home Health Care provide home health nursing services to me for the duration of my stay at Medallion Guest Suites. I consent and authorize UT Southwestern Home Health Care to provide nursing services as usual and customary for my care while I am a guest at Medallion Guest Suites. I understand that the nurses provided by UT Southwestern Home Health Care are assigned to other guests as well as myself and that a nurse is not solely assigned to me. I understand that the nursing services provided are limited to routine, non-emergency assessments and comfort measures. If at any time it is determined that emergency care or a higher level of care is required for me, an ambulance may be called and I may need to be transported to a hospital.

I understand and agree that I am financially responsible and I agree to pay UT Southwestern Home Health Care all charges for nursing services and home health products provided to me. The cost of these services are included in my room charges, which are _____ per day. Check out time is 11:00 a.m. and I will be charged for a full day if I stay past 11:00 a.m. on the date I check out of Medallion Guest Suites.

I understand that the room charges do not include meals or other ancillary personal care charges such as Spa, skin care services, products and catered meals.

I have had the opportunity to ask questions about this agreement and consent the terms of service and all of my questions have been answered to my satisfaction.

Print Patient Name

Date

Signature of Patient

Date