

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name/Family Name],

Welcome to [Clinic Name] Hospice Services. We are honored that you have chosen us to provide care and support during this time. Our goal is to ensure comfort, dignity, and the highest quality of life for our patients and their loved ones.

Your dedicated care team includes doctors, nurses, social workers, spiritual counselors, and volunteers. We work together to create a personalized care plan that meets your specific physical, emotional, and spiritual needs.

What to Expect:

- Regular visits from your hospice nurse and care team members.
- Management of pain and other symptoms.
- Provision of necessary medical supplies and equipment related to the hospice diagnosis.
- Emotional and spiritual support for both the patient and family.
- 24/7 access to clinical support via our on-call nursing staff.

Enclosed in this packet, you will find our Patient Rights and Responsibilities, contact information, and a guide on what to do in case of an emergency. If you have any immediate questions or concerns, please call us at [Phone Number] at any time.

Thank you for trusting us with your care. We are here for you every step of the way.

Sincerely,

[Signature]

[Name of Administrator/Director]

[Clinic Name] Hospice Services