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In accordance with First 5 of Santa Barbara, if you live in Santa Barbara County you may be eligible for a *Welcome Every Baby (WEB) Nurse Home Visit*.

- _____ Yes. I would like a WEB nurse to contact me to discuss possible participation in the *WEB Home Visit Program* at no cost to me or my insurance carrier.
- _____ No. I prefer to not participate at this time.

I hereby authorize: Santa Barbara Cottage Hospital to furnish to the WEB hospital coordinator a copy of this consent form in order that WEB can contact me to explain and offer WEB services to me. I retain the following rights: to have a copy of this form and to revoke my consent at any time. The use, disclosure and protection of the confidentiality of patient health and medical information is subject to compliance with applicable state and federal privacy laws including the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA). This agreement will expire within two (2) weeks of the signature date.

Signature: _____ Date: _____ Time: _____ am/pm

If signed by other than patient, indicate relationship: _____

Please fill in the address and phone number where you can be reached **during the first two weeks after you are discharged**. Please add any other numbers we can call, if we cannot reach you.

Name: _____ Phone: _____

Address: _____ Alt. Phone: _____

Home address (if different than above):

Name: _____ Phone: _____

Address: _____

Del. Date: _____ Discharge Date: _____ Vaginal or C/S G___ P___

OB: _____ Baby's Name: _____ Boy or Girl Apgars: _____ G.A. _____

Birth Wt.: _____ Discharge Wt.: _____ Ped.: _____

Help with breastfeeding Other important information: _____

If you chose not to sign up for WEB services at this time, you are welcome to call the WEB-Line at anytime for assistance regarding breastfeeding, care of your newborn, PPD, other maternal/newborn issues and child development. WEB: (805) 729-1593.

Dear Patient:

Your physician has prescribed home health/home medical equipment services as part of your follow-up care after discharge from Santa Barbara Cottage Hospital.

Our Case Managers (discharge planners) will provide you with the necessary home health/home medical equipment agency information to assist you in making your decision. Please be advised that if you are enrolled in a HMO or other managed care plan, your plan may have special provisions regarding your choice of home health/home medical equipment providers. Our Case Managers (discharge planners) will assist you in contacting your HMO or managed care plan in order to obtain any necessary information.

Federal and /or State regulations require a disclosure that your referring Physician may have a financial relationship or compensation arrangement with the above-referenced hospital and /or home health/home medical equipment agency. If you would like additional information regarding the possible existence and nature of any such relationship or arrangement, please contact your referring Physician.

Once you make your selection, the Case Manager (Discharge Planners) will make the necessary arrangements for you.

Home Health Agency: _____

Equipment Company: _____

Infusion Services: _____

Signatures:

Date Time Hospital Representative

Date Time Patient/Responsible Party



**NOTIFICATION OF
PATIENT CHOICE FOR
HOME CARE
AFTER DISCHARGE**