**DEFINITION: The John J. Brogan Bereavement Center** is a counseling/education program of **Hospice of Palm** **Beach County, Hospice of Broward County, and Hospice by the Sea.** It was created to offer anyone experiencing concerns with grief and bereavement with the special support and guidance they may need to face the realities of loss and change.

**As a client, you have the right to:**

* Be treated with dignity, courtesy and respect.
* Be fully informed of all services available to you at **The John J. Brogan** **Bereavement Center** and of any fees associated with those services.
* Receive competent, individualized service from qualified **The John J. Brogan** **Bereavement Center** staff.
* Report abusive, neglectful or exploitative practice to Florida statewide toll-free telephone number, you may call toll free **1-800-96-ABUSE (1-800-962-2873)**
* Make informed and self-determined decisions about the service you receive.
* Receive information to help you make such decisions and to participate in developing and revising your Plan of Care.
* Receive prior notice and to make an informed decision before receiving clinical service from a Master’s level graduate student or participating in any research projects.
* Voice grievances, opinions, recommendations, in relation to policies and services offered by **The John J. Brogan Bereavement Center**, without fear of discrimination or reprisal.

If at any time you are dissatisfied with your care:

complaints, recommendations or grievances should be reported to:

**Bereavement Manager at (561) 227-5175.**

### John J. Brogan Bereavement Center of HPBC

### 300 Northpoint Parkway, Suite 305, West Palm Beach, Florida 33407

**I also understand I have a responsibility to:**

* Pay for services as agreed.
* Provide accurate and complete information to **The John J. Brogan Bereavement Center** regarding your medical, psychological, psychiatric and financial state.
* To provide accurate and updated information on other health care providers from whom you may receive treatment or care.
* Agree to accept staff providing services regardless of age, race, color, national origin, religion, sex, disability or any other category protected by law.
* Participate in planning, evaluating and revising my care plans to the degree that I am able to do so.
* Notify **The John J. Brogan Bereavement Center** of the need to cancel or reschedule a scheduled visit a minimum of 24 hours in advance.

## BER 720 Rev. 5/14