

Letter of Understanding for the Pronouncement and Certification of Death

Contact the Home and Community Care Support Services HNHB at 1-800-810-0000

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____ City _____ Province _____ Postal Code _____

Patient Phone # _____ Contact Name _____ Contact Phone _____

Dear _____ Date _____ Fax Number _____

A letter of understanding supports the development of an end of life plan for an expected death in the home. This includes a preferred approach for pronouncement and certification of death.

To support your patient's goal for end of life care in the home and ensure that their expressed wishes for no resuscitation are met, please complete the following information and fax a copy back to one of the numbers listed below.

Please indicate your preferred approach for pronouncement and certification of death for your patient:

- ☐ I agree to pronounce and certify death in the patient's home.
or
☐ Nurse may pronounce death and I agree to sign the Medical Certificate of Death at the Funeral Home within 24 hours of death.

Please include your contact information for pronouncement and/or certification of death below

Office Phone _____ Pager _____ Cell _____

Home Phone _____ Answering Service _____ Alternate On-Call _____

Comments _____

Signature _____

If you have any questions, please contact your patient's Care Coordinator _____

☐ I agree with the above plan. Practitioner Name _____

Signature _____ Date _____

Fax completed form to:

☐ Hamilton Phone: 905 523 8600 Fax: 905 574 6335	☐ Niagara Phone: 905 684 9441 Fax: 905 684 8463	☐ Haldimand- Norfolk Phone: 519 426 7400 Fax: 519 426 4384	☐ Brant Phone: 519 759 7752 Fax: 519 759 7130	☐ Burlington Phone: 905 639 5228 Fax: 905 639 0129
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