FOR OFFICIAL USE ONLY

COMMANDER NAVY INSTALLATIONS COMMAND
DEPARTMENT OF THE NAVY AND MARINE CORPS
FISHER HOUSE REFERRAL FORM

A referral does not guarantee or reserve space in a Navy/Marine Corps Fisher House.

Fisher House at Naval Medical Center San Diego Office Hours:

Mon-Fri: 8 am-4 pm
Closed on weekends and Federal holidays
Phone: (619) 532-8751 or (619) 532-9055, Fax: (619) 532-5216

REFERRAL PROCEDURES

(a) Referral must be prepared and signed by Case Managers, Social Workers, Doctor, Nurse, Recovery Care Coordinator or other related professional familiar with the case.
(b) Referral forms may not be filled out as a self-referral; they must be completed by one of the above noted in item (a).
(c) Advance referral forms may be completed and submitted prior to the family's arrival but does not guarantee availability.
(d) One room per family/referral.
(e) One parking space per room

Referral forms must be sent directly to the San Diego Fisher House via fax to: **Fisher House at (619) 532-5216 or email completed form to** sandiegofisherhouse@outlook.com

REQUESTED LODGING DATES

ARRIVAL DATE: _____/_____/____

Name:	Relationship to Patient
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Fax completed form to: (619) 532-5216 or e-mail completed form to sandiegofisherhouse@outlook.com.

Cont.

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GUEST REQUIRED INFORMATION

Vehicle Make_____ Vehicle License_____

Home Address _____ Phone Numbers:

City_____ Home____/_____Cell____/_____

State_____ Zip_____ Work____/_____

PATIENT INFORMATION

Name _____

Inpatient: YES_____ NO _____ Estimated Hospital Stay (number of days) _____

Patient Location: ICU_____ NICU_____ PICU_____ WARD_____ OTHER_____ Floor/Room/Bed _____

Medical Condition: Emergency_____ Surgery_____ Acute Care_____ Rehab_____ Other_____

Diagnosis_____Severity of Condition (1 to 10) _____

War Related Condition: YES _____NO_____ Is the family on Funded Orders: YES ____NO_____

SPONSOR INFORMATION

Name_____ Pay Grade_____

Branch of Service: Navy _____ Marine_____ Air Force_____ Army_____ Coast Guard_____

Status: Active_____ Retired_____ Veteran_____ Duty Station _____

HOSPITAL POINT OF CONTACT

Name of person completing referral (print) _____

Position (Case Manager, Social Worker) _____

Phone Number _____ Email_____

Signature_____ Date_____

SPECIAL NOTES

_____

_____

This authorization for release of the above information to the above named persons/organizations will expire on: N/A I

understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the Fisher House Manager if this is an authorization for information possessed by the MTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.
The Fisher House accommodates families who need to be close to loved ones undergoing treatment as an inpatient at any medical treatment facility. The house is available for a period not to exceed 30 days to families who have no local accommodations. The Fisher House serves as a compassionate and supportive home for families who are coping with the stress of a life-threatening crisis. The Fisher House is not a step-down nursing medical facility and may not be treated as such.

Individuals receiving the following medical treatments are not eligible for admittance as a resident of the Fisher House.
Home Health Nursing required, Wound V.A.C. Therapy Units, Clostridium difficile (C- Diff.), Vancomycin-resistant Enterococcus (VRE), Total parenteral nutrition (TPN), Running intravenous fluid drip (IV's)

Admittance Process and Guidelines

(a) Families will be contacted by the Fisher House staff to advise of acceptance of referral and an available move in date.
(b) Families arriving on funded orders are authorized are authorized five nights maximum length of stay.
(c) Families not receiving financial assistance have priority.
(d) Families may be admitted after the normal business hours of 8am – 4pm if prior arrangements have been made.
(e) Emergency or overnight walk ins are unable to be accommodated.
(f) General house rules and guidelines are covered at the time of check in and guests are required to comply with all house rules.

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R: SORN DPR 40 DoD.

PRINCIPAL PURPOSE(s): The purpose of this form is to allow the DON (CNIC) Fisher House managers to determine eligibility and priority for lodging at the Fisher House based on the criteria and eligibility as set forth in the SECNAVINST 7010.8B.

ROUTINE USE(s): The routine use is to allow the DON (CNIC) Fisher House managers to determine continued eligibility based on routinely updated medical status to allow for further lodging within the Fisher House.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the disapproval of lodging at the DON Fisher House.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records, or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.