



Maine Hospice Council and Center for End-of-Life Care
295 Water Street, Suite 303
PO Box 2239
Augusta, ME 04338
Ph: 207-626-0651/Fax: 207-622-1274
krandall@mainehospicecouncil.org

User Agreement for In-House Printing of Maine POLST Form

To Whom It May Concern:

The Maine Hospice Council and Center for End-of-Life Care is responsible for administering the Physician Orders for Life-Sustaining Treatment (POLST) program for Maine, on behalf of the Maine POLST Coalition. At this time, we are asking that a healthcare professional, or organization, request permission to use the POLST PDF to print their own forms in-house. The Maine Hospice Council and Center for End-of-Life Care/Maine POLST Coalition grants such permission to those who can be assured of meeting the following standardized printing requirements:

- Form is printed on 24lb Lime Green paper in black ink on a single page- double sided.
- Print quality is clear and legible.
- Confirms with the Maine POLST Program Coordinator (krandall@mainehospicecouncil.org) on an annual basis that the most recent POLST form is being printed.

The purpose of this policy is to ensure that health care professionals later using the form will recognize it in the identical format. Otherwise, there may be concerns by the responder regarding the validity of the orders.

In granting permission to print from the PDF, we request feedback from you as to how this printing process and subsequent form use is working. Please contact us at krandall@mainehospicecouncil.org and provide feedback on the following questions:

- What is the primary reason for printing in-house rather than ordering POLST forms?
- On average, how many forms do you print per month?
- What is the in-house cost in printing 1000 forms?

Thank you for your support of the POLST program and your feedback. We look forward to hearing from you and helping to grow your POLST program within the State of Maine.

Sincerely,

Kandyce Powell
POLST Program Coordinator
Maine POLST Coalition
Maine Hospice Council and Center for End-of-Life Care

POLST MAINE

Physician Orders for Life-Sustaining Treatment

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Augusta, ME 04338
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www.polstmaine.org
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Date: _____

Organization Name: _____

Address: _____

Contact Name: _____

Dept. Position: _____

Telephone: _____

Email: _____

Fax: _____

For Program Coordinator Only:

Approved by: _____

Date: _____

Form sent by: Email/Fax/Mail/Other on _____.