



CLIENT LABEL

## HOME & COMMUNITY CARE SERVICE AGREEMENT

The Vancouver Island Health Authority (VIHA) community services promote independence of clients and their families, supplementing and complementing but not replacing the care provided by other individuals, families, and communities.

While a client is receiving care, staff may collect personal and current information from the client, under the authority of the Continuing Care Act, to determine eligibility for various benefits and services.

VIHA staff follow procedures to ensure confidentiality of the client's personal information. Staff share with other health care providers only relevant information necessary for the client's ongoing care and services, and/or in accordance with the *Freedom of Information and Protection of Privacy Act (BC)*.

### Clients have the right to:

- Expect that client information is treated in a confidential manner.
- Express concerns without fear of discrimination or interruption of service.
- Accept or refuse the services offered.
- Be treated in a respectful manner.

### I (Client) agree to:

- Participate in assessment by healthcare providers, as required by the VIHA, to determine care needs.
- Provide the name and telephone number of my physician(s) and any other of my pertinent health care providers.
- Provide access to all medical records relevant to determining my care and service needs.
- Ensure that all reasonable requests by the VIHA with respect to safe and secure work environments are met and treat all care providers and staff in a respectful manner.
- Follow the plan of care as developed by myself and the VIHA staff.

### I (Client) understand that:

- If I do not meet the agreements as above, then VIHA has the right to withdraw services. Should that occur VIHA will notify my physician and other health care providers in writing of this decision.
- I have the right to appeal decisions about my care or the withdrawal of service through the VIHA Appeal Process by contacting the responsible Manager.

**I (Client)** request services from VIHA Home and Community Care Program and I hereby apply for benefits for which I may be eligible and consent to treatment thereof. The information that I provide is correct to the best of my knowledge and may be released to contracted VIHA Service Providers.

This agreement is in effect until I withdraw my participation.

**Client or Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any questions about the collection of your information or about this agreement, please contact 744-5146 (South Island) or 250-370-8686 or 250-370-8043 (Central and North Island).