

Client Name: _____ Date of Birth (mm/yyyy): _____

Consent for Assessment

Bayshore Rep's initials confirming review with client/family _____

I consent to an assessment for myself or for the client indicated above (in either case, the "Client") as requested by:

I understand that Bayshore (Bayshore HealthCare Ltd.) is providing the Client's care and services on behalf of and in collaboration with

Consent for Care and Service

Bayshore Rep's initials confirming review with client/family _____

- ___ The general nature of home care services/ clinic services has been explained to me.
- ___ I have participated in the development of, and agree to, the care and service plan.
- ___ The nature of the care and services, the expected benefits, material risks and side effects, alternative courses of actions and likely consequences of not receiving the care and services have been explained to me. I have had the opportunity to ask questions and I understand the answers and agree to proceed.
- ___ I understand and appreciate that I may withdraw my consent, in part or in whole, regarding the care and service plan at any time by communicating with the Bayshore office. If I choose to withdraw my consent for any aspect of the care or service, that I will be informed of the risks of doing so by the primary care giver and that the decision to withdraw my consent for part of the care and service will not affect any remaining care or service.
- ___ I acknowledge my responsibility to provide a safe work environment for the Bayshore caregiver or any approved subcontractor personnel while he or she is providing the care and service.
- ___ I consent to the Bayshore caregiver using the Client's home phone for visit verification purposes.

Consent for Release of Records/Information

Bayshore Rep's initials confirming review with client/family _____

I consent to the collection, use and disclosure of the Client's personal information, including personal health information and records as it pertains to the Client's care and service for the purpose of providing and facilitating the Client's care and service with:

☐ Multidisciplinary team (all of those individuals involved in the Client's care)

☐ Other: _____

☐ With the exclusion of: _____

Substitute Decision Maker

The following individual has been identified as the Client's Substitute Decision Maker ("SDM"):

1) Guardian of the Person, 2) Attorney for personal care, 3) Representative by Consent and Capacity Board,
4) Spouse/Partner, 5) Child or Parent, 6) Parent who has only a right of access, 7) Brother or sister, 8) Other relative
Name: _____

☐ SDM # above _____

☐ Documents obtained for 1, 2, or 3

I understand the purpose of this Client Consent and that I can refuse to sign it. I acknowledge that I am signing this Client Consent willingly and voluntarily for myself or on behalf of the Client and that my consent has not been obtained through misrepresentation or fraud.

Client's/SDM's signature: _____ Date: _____

Bayshore Representative/Title: _____ Date: _____