



24/7 Home Support and Care Inc.

Phone: 587 620 0840

Website: www.homesupportandcareinc.com

Email: homesupportandcareinc@telus.net

CONSENT AND AUTHORIZATION TO CONTRACT CARE

HEALTH INFORMATION ACT

Your Rights

'The *Health Information Act* (HIA) strikes a balance between privacy protection and enabling appropriate amounts of information sharing to provide health services and manage health systems'.

You have rights under the HIA –

- You have a right to access a copy of your health information held by a custodian, subject to specific and limited exemptions.
- You have the right to request a correction or amendment of your health information held by a custodian.
- The HIA protects your health information and governs the collection, use and disclosure of that information.
- You have a right to know why your health information is being collected, used and disclosed.
- You have the right to make an expressed wish regarding the disclosure of your health information. A custodian is required to consider your concerns before disclosing your health information.
- You have a right to request an independent review of decisions made by a custodian regarding access to your information or a correction or amendment to your health information, within 60 days of being notified of the decision.

Custodians and affiliates

A custodian is an organization or entity defined in section 1(1)(f) of the HIA or designated in section 2 of the Health Information Regulation. Examples of custodians include physicians, chiropractors, nurses, Alberta Health Services and Alberta Health.

An affiliate, as defined by section 1(1)(a) of the HIA, is an individual or organization employed by a custodian, or a person or entity that performs a service for a custodian as an appointee, volunteer or student, or under a contract or agency relationship with the custodian'.

Resources:

Freedom of Information and Protection of Privacy Office: 780-422-5111

Toll free: 310-0000 before the phone number(in Alberta) Email: hiahelpdesk@gov.ab.ca

Health Information Act. Health Information Regulations. Alberta Electronic Health Records Regulation. Designation Regulation. Alberta's Information and Privacy Commissioner

24/7 Home Support and Care Inc., provided enough information as above, to assist me in

making an informed decision before giving my authorization for their services. Client's

Name-----Client'sSignature-----Date-----

Witness-----Signature-----Date-----



BBB Rating: A
As of 9/2/2020

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24/7 Home Support and Care Inc.,; On a High Quality Care Mission



CONSENT FOR 2 HOURS FREE CONSULTATION

I,.....(Name of authorizing person)

- Understand that 24/7 Home Support And Care Inc has taken into consideration my best interests in their professional judgement and I authorize them to come into my home for an initial consultation meeting for the purposes of assessing my homecare needs
- Understand that 24/7 Home Support And Care Inc., will only share personal information about me to appropriate authority (the Social Welfare Authority/my family Physician) that is directly relevant to abuse and maltreatment suspected by 24/7 Home Support And Care Inc Agency, for purposes of protecting my health and safety.
- Understand that my personal information is protected under the Privacy Act. I am aware that an individual has the right to access personal information about himself or herself and that the information may only be used or disclosed within the conditions set out in that Act.
- Understand that I may withdraw or amend my consent in writing at any time
- Understand that should I not give consent to the disclosure of information, 24/7 Home Support And Care Inc. may still have the authority to share my personal information with the appropriate Authority as authorized under the Privacy Act.
- I have read the above statements, understand the content of this Consent Form and choose to give my consent voluntarily for 24/7 Home Support And Care Inc. to collect information about me for assessment of my needs for homecare and support purposes
- Understand that 24/7 Home Support And Care Inc.would need my consent to contract and commence my care as would be agreed upon in this initial consultation meeting.

Name:(print)-----Signature-----Date-----

If this Consent Form is signed by a Parent/Guardian/Substitute Decision Maker/authorized person, please specify the relationship.

Name-----Relationship-----Signature-----Date-----



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CONSENT TO DISCLOSE INDIVIDUALLY IDENTIFYING HEALTH INFORMATION AUTHORIZED BY THE HEALTH INFORMATION ACT (HIA), SECTION 34 CLIENT INFORMATION:

Name: _____
(surname) (given name/names) Date of Birth: _____ (day/month/year)

Address: _____ I
authorize my individually identifying health information related to _____

_____ (description of information/relevant dates, etc) to be disclosed by
_____ (name of custodian)

in accordance with section 34 of the Health Information Act to,
_____ (name of recipient) for the following purpose(s):

I understand why I have been asked to disclose my individually identifying information, and I am aware of the risks or benefits of consenting, or refusing to consent to the disclosure of my individually identifying information. I understand that I may revoke this consent in writing at any time.

Dated this _____ of _____, _____. Expiry date (if any): _____ of _____, _____
(day) (month) (year)

Signature of client -----Name----- *

* if you are signing on behalf of the client, the following information must be provided:

Authorized representative Signature-----

Print Name of Authorized Representative-----

Print Source of Representative's Authority [refer to HIA section 104(1)]-----

Witness Name _____ Witness

Signature _____





CONSENT TO RECEIVE THE SPECIFIED CARE CATEGORY AS BELOW

I,.....(Name of authorizing person) Authorize 24/7 Home Support and Care Inc., to provide the specified home care needs as below: .

MEDICAL CARE CATEGORY- Home Health vs. Home Care: The Difference!

Home health care is a clinical, medical supervision **provided** by a licensed professional like, Registered and licensed practical nurses, occupational therapists, physiotherapists, etc. (A delegation by these professionals is required before a health care aide can assist in these tasks) These services include: **ROM exercises, Intravenous therapy, Medication administration, Bowel Care, Wound dressing, G-tube management, Specialized tasks** from, PT, OT, SLP, like, **Rehabilitation services** (Please circle/initial to specify),

Please specify **additional** needs -----(Initial)

Home Care refers to: NON-MEDICAL CARE CATEGORIES SUCH AS:

Alzheimer’s and Dementia Care and general safety surveillance

Assistance with daily living:

- Personal Care,
- Ambulatory assistance
- Meal preparation and assistance
- Medication assistance,
- Blood sugar and weight monitoring etc

Elder Care:

- Companion Care
- Meal preparation/assistance
- Medication reminder/assistance/blood sugar/weight monitoring and recording
- Mobility assistance
- Personal Care, grooming, keeping nails tidied, excludes nail cutting

Errand Services

- Escorting to personal appointments,
- Shopping, driving clients
- General safety surveillance

Home Making

- Laundry Services – wash, dry and put away the laundry
- Changing Bed Linens – wash, dry & change bed linens
- Cleaning out fridge, Wiping down microwaves, etc
- Washroom Cleaning – Including standing shower, vanity, toilet, floors, garbage and mirrors
- Vacuuming floors, stairs, hallways, under couches and bedroom and dusting
- Cleaning out cupboards, Taking out the trash, General tidying up





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Live-in Services- (assistance with adl, homemaking, companionship) Staffing Services

Respite Care (assistance with adl, homemaking, companionship)

Palliative Care (assistance with adl, homemaking, companionship)

All our care categories include general safety surveillance

Fees Schedule For Services

Non -Medical care except Alzheimer/Dementia and Live-In-Care Services, are between 0600 and 2200hrs and charged: \$27/hr compare with (\$30-\$45) Alzheimer/Dementia Care Available 24/7, **\$30/hr**

Live-In-Care Services 1700 Friday to 1700 hrs Sunday: **\$650 (Three hrs of personal care/day**

@ 27/hr, 14hrs mw @\$15.50/hr, one hour personal care payable @ \$27/hour at sleep time from 1200-0600=4hrs personal care and 14 hours at mini wage for companion=\$325/dx2).

Personal Care Between 0600 and 2200hrs **\$27/hr**

RN Care Category Available 24/7: **\$50/hrs v \$60-\$69/hr**

Therapy Visits 0800-1800 hrs: **\$50/hrs v \$60-\$69/hr**

This schedule represents fees for regular work hours.

Statutory holidays hours worked are paid at a rate of Time and half.

Overtime hours are paid at a double time.

Total hours of care/month are included in the monthly invoice and due on first of every month.

Payment must be received prior provided. Please let us know ahead of time if a special accommodation is needed as we would hate to interrupt your care resulting from poor communication and non-fee payment.

Insurance Coverage

Some insurance policies may cover certain in-home services. Please call our Community Senior Care Services worker, to see if your insurance benefits include this type of coverage.

By specifying care needs and signing, you have agreed that you were given enough information contained herein, to make informed decision and hereby consent and authorize the exclusive services of 24/7 Home Support and Care Inc., to provide these services for the fees amount and for the conditions herein:

Signature of Client.....Full Name od client.....Date: M....D..../Y....

If this Consent Form is signed by a Parent/Guardian/Substitute Decision Maker/authorized person, please print name, sign and specify the relationship.

Name-----Relationship-----Signature-----Date-----

Care Coordinator's Signature Name.....Date.....;.....





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CARE POLICY

24/7 Home Support and Care Inc. treat our community of clients and our community of employees as family, we follow guidelines that reflect our vision and Mission statements:

Vision

Our clients will have access to affordable high quality private home care services! Our Staff would work in a safe, supportive and respectful environment! 24/7 Home Support and Care Inc. evolves to be modern time best service delivery of choice!

Mission Statement

Assuring utmost client satisfaction through high level professionalism in home care services delivery that uphold clients lifestyle standard, dignity and confidence, to maintain good quality of life.

Please help us to maintain the policies that uphold our mission tailored to provide utmost client satisfaction.

Policy Guidelines:

Access to your Home

Clients are responsible to allow the employees of 24/7 Home Support and Care Inc., access to their homes for purposes of providing care at the scheduled time. If there is any arrangement to be made to let employees in, please inform the care coordinator so that it will be communicated to the designated caregivers. Upon the caregiver's arrival at your home, if nobody lets them in, they can only wait upto 30 minutes to attempt to get access to your home, including informing the office who would attempt to reach you or your family members, after which staff would leave. Full charges would apply.

Cancellations

Please give us enough to make necessary changes so that staff's availability is utilized accordingly, late cancellation puts staff out of work and disrupts clients' care schedule. 48 hours notice is required to cancel a scheduled care visit, Full charges will apply with less than 48 hours of care cancellation.

Cigarette smoking;

24/7 Home Support and Care Inc. will make possible efforts to match client's care appropriately. We do ask that clients follow guidelines when it comes to cigarette smoking in the home at time of care or within half an hour before care, especially if the caregiver is a non-smoker..

No Abuse Policy

24 7 Home Support and Care Inc. have a 'No tolerance for Abuse'. Employees are properly trained to follow our policies. Please inform us immediately of any unbecoming behaviour from any of our staff members that bother on abuse.





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As well, we ask that clients treat our staff members with respect. We also welcome your feedback regarding the level of your satisfaction for the care you received.

PETS

24/7 Home Support and Care Inc. understands and has utmost respect for you, your home management and your home occupants including your pets. We also do our best to match clients with the right caregivers. Please keep pets out of the care space just because animal behaviour is not always predictable. We will not take liability for unforeseen circumstances resulting from not doing so.

Surveys and Reviews

24/7 Home Support and Care Inc. take our clients' satisfaction seriously, we invest in our staff members to maintain our high quality care standard tailored to provide utmost client satisfaction. 24/7 Home Support and Care Inc., monitor closely, every care provided through immediate visits, phone calls, or surveys. Please help us as necessary through our accountability measures, so that we can continue to provide you a high quality care.

24/7 Home Support and Care Inc. also has a platform for suggestions, please feel free to use it and be part of a reform or more.

24/7 Home Support and Care Inc. is a family matter, we all are in this together.

Signature of Client.....

Full Name of client.....Date: M....D..../Y....

If this Consent Form is signed by a Parent/Guardian/Substitute Decision Maker/authorized person, please print name, sign and specify the relationship.

Name-----Relationship-----

Signature-----Date-----

Care Coordinator's Signature Name.....Date.....;.....

