



APPENDIX A

**Home Care Consent Form
Assessment, Care Planning and Treatment**

I consent to assessment, care and treatment by Home Care staff as jointly planned by me and/or my supporters and Prairie North Health Region Home Care staff. The staff has explained to me the treatment that I am to receive.

Dated this _____ day of _____ 200_____.

Name of Client

Signature of Client or Supporter/Guardian

Relationship

Printed Name of Supporter/ Guardian

Name of Witness

Signature of Witness

Home Care Consent for Release of Information

Home Care staff will have client sign the Prairie North Regional Health Authority Disclosure of Personal Health Information form to authorize the release of information gathered through the case management process and/or service delivery for the purpose of sharing information with health professionals, agencies, institutions or others involved in: the assessment, planning for the needs and/or providing services.