WRHN
Waterloo Regional Health Network

Letter of Understanding
Geriatric Assessment Unit and Neurobehavioural Unit @ Chicopee

_____'s (insert client name) current care needs no longer require an acute hospital setting.

The following service within the Complex Continuing Care (CCC) program @ Chicopee has been recommended for you:

- ☐ Neurobehavioural Assessment (NBU)
- ☐ Geriatric Assessment Unit (GAU)

The hospital will be sharing your medical and personal information with this unit for review of eligibility.

You will be notified by hospital staff when a bed becomes available for you.

I have reviewed and understand the above information. I agree to proceed with the CCC program referral process. I understand that my personal and health information will be shared with the GAU/NBU program at WRHN @ Chicopee.

Client name:
Client/substitute decision maker's (SDM) signature:
Print SDM name: Date:

Verbal/telephone agreement documentation (if signature not possible)
Consent obtained from:

Signature of staff member:

Printed name of staff member obtaining consent:
Date: