



**LETTER OF UNDERSTANDING
ACTIVATION/RESTORATION**

_____ (insert patient name), your current care needs no longer require an acute hospital setting. The health care team has reviewed your discharge options with you. The team has recommended the Activation/Restoration level of Rehabilitative Care.

The Activation/Restoration level of rehabilitative care is a Waterloo Wellington LHIN-wide program. This program is available at:

- Groves Memorial Hospital in Fergus
- Sunnyside Short Stay Convalescent Care Program in Kitchener (in a Long Term Care Facility)

The Hospital will be sharing your medical and personal information with the Waterloo Wellington Community Care Access Centre (WWCCAC). The WWCCAC will add your name to the waiting list. The waiting list, including your initials and gender, will be accessible to WWCCAC’s other hospital partners.

You will be notified by hospital staff when a bed becomes available for you. The bed may be located at either of the two locations listed above. The Hospital and the WWCCAC will share your medical and personal information with the programs. The hospital will assist you to arrange the transfer to the site where your bed is located.

I have reviewed and understand the above information. I agree to proceed with the Activation/Restoration program referral process. I understand that my personal and health information will be shared with the WWCCAC and the Activation/Restoration sites within the region.

Patient Name: _____

Client/Substitute Decision Maker’s (SDM) Signature: _____

Print SDM Name: _____ Date: _____

Verbal/telephone agreement Documentation (if signature not possible)

Consent Obtained From: _____ Date: _____

Signature of Staff Member: _____

Printed Name of Staff Member obtaining consent: _____