

LETTER OF UNDERSTANDING COMPLEX MEDICAL MANAGEMENT

_____ (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 Complex Medical Management level of care has been recommended for you. The Complex Medical Management Program is a Waterloo Wellington LHIN-wide program available at the following locations:

- Complex Medical Management (*Co-payment may apply*)
 - Grand River Hospital - Freeport Health Centre in Kitchener (GRH)
 - Groves Memorial Hospital in Fergus
 - St. Joseph's Health Centre in Guelph (SJHC)
- Chronic Ventilator/Respiratory Program (*Co-payment may apply*)
 - Grand River Hospital-Freeport in Kitchener

Referrals are coordinated by the Waterloo Wellington Local Health Integration Network (WWLHIN). The Hospital will be sharing your medical and personal information with the WWLHIN. The WWLHIN will add your name to the waiting list. Your initials and gender will be accessible to WWLHIN's other hospital partners. The Hospital and the WWLHIN will share your medical and personal information with the programs.

You will be notified by hospital staff when a bed becomes available for you. The bed may be located at any one of the locations listed above. 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 Complex Medical Management referral process. I understand that my personal and health information will be shared with the WWLHIN and the Complex Medical Management sites within the region.

Patient Name: _____

Patient/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: _____