

**LETTER OF UNDERSTANDING
REHABILITATION LEVEL OF CARE**

_____ (insert patient’s 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 Rehabilitation. The Rehabilitation programs are regional programs, offered at multiple sites within the Waterloo Wellington LHIN:

- General Rehabilitation
- Stroke Rehabilitation
- Low Intensity Rehabilitation

Site	General Rehab	Stroke Rehab	Low Intensity Rehab
Cambridge Memorial Hospital in Cambridge	✓	✓	
Grand River Hospital - Freeport Health Centre in Kitchener	✓	✓	✓
St. Joseph’s Health Centre in Guelph	✓	✓	✓

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 Rehabilitation program.

You will be notified by hospital staff when a bed becomes available for you. The first available bed may be located at any one of the locations listed above. The hospital will assist you to arrange the transfer to the Rehabilitation program.

I have reviewed and understand the above information. I agree to proceed with the Rehabilitation program referral process. I understand that my personal and health information will be shared with the WWLHIN and the Rehabilitation 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: _____