



**Agreement between the Resident/SDM and The Perley and Rideau Veterans' Health Centre Re: Private Service Providers**

I hereby acknowledge that I have engaged a Private Service Provider (PSP). I acknowledge that the PSP that I have engaged is not an employee of The Perley and Rideau Veterans' Health Centre (Perley Rideau). I understand that Perley Rideau does not in any way request the care provided by an independently retained PSP. I understand that the PSP I have retained is not the responsibility of Perley Rideau.

Name of the Private Service Provider:	
Telephone Number:	
Name of the Resident that they are hired to provide service to:	
I have read and understand the implications, expectations, and responsibilities of me as the Resident / Substitute Decision Maker (SDM), in addition to those of the private service provider as outlined in the policy and procedure	
Resident /SDM Name (printed)	
Resident / SDM Signature	
Date	

**Activities**

Generally the PSP will be with the resident: (Note timeframe for each day)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

The PSP will be delivering the following care/services: (check all that apply)			
Companionship	<input type="checkbox"/>	Shaving	<input type="checkbox"/>
Feeding at meals	<input type="checkbox"/>	Drinks, Snacks	<input type="checkbox"/>
Baths/Showers	<input type="checkbox"/>	Ambulation	<input type="checkbox"/>
Mouth Care	<input type="checkbox"/>	Transfers	<input type="checkbox"/>
Accompany to recreation events, off the unit	<input type="checkbox"/>	Accompany to appointments off the premise	<input type="checkbox"/>
Other (please describe):			

Indicate Perley Rideau equipment that the PSP has requested to use:							
Mechanical Lifts	<input type="checkbox"/>	Transfer Pole	<input type="checkbox"/>	Commode	<input type="checkbox"/>	Other	<input type="checkbox"/>
						None	<input type="checkbox"/>

If a PSP will be using Perley Rideau equipment as listed above, I understand that it is my responsibility to inquire with the Manager, Resident Care to determine training needs that must be met prior to the use of this equipment. I acknowledge that Perley Rideau is not liable for any harm caused to a resident by the PSP during their employment agreement.

(Private PSP arrangements indicated on this form are to be inserted in the resident's care plan, and upload in the resident's electronic medical record filed under the miscellaneous tab named "Private Service Provider Date".)