

Alberta Aids to Daily Living — Client Declaration Form

You must indicate the online authorization form to which this client declaration refers:

TERMS AND CONDITIONS

1. This declaration must be completed and signed before any order can be placed. **A copy must be kept on file at the specialty assessor/authorizer site.**
2. If the client is unable to sign, please provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian. Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee).

Client Declaration

I have reviewed my basic medical needs with an Specialty Assessor/Authorizer. I understand that if I do not qualify for Cost-Share Exemption (CSE), I will be required to pay 25% of the cost of my authorized benefits, to a maximum of \$500 per family, per benefit year, and AADL will pay 75% of the authorized benefits. If I choose to upgrade, I am responsible for any cost exceeding AADL's price maximum. Upgrade costs are not included in the cost-share calculation.

Cost-share and any costs exceeding AADL's price maximum are:

- payable directly to the vendor
- not refundable

Collection of Personal Information

Alberta Aids to Daily Living (AADL) collects, uses and discloses personal information in accordance with sections 33(c), 34(1)(a)(i) and (k)(i) and (ii), and 39(1)(a) and (b) and 40(1)(c) and (l) of Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP)

I understand that my personal information, including information about my health, is required to verify my eligibility for AADL program benefit(s), to arrange for benefit(s) to be provided to me and to enable AADL to pay for the benefit(s).

I consent to having information required for the above purpose sent by a health professional, authorized by AADL, to AADL and to a vendor of AADL benefit(s), for the provision and billing of the benefit(s). The information may be sent either by mail or electronically.

I understand that if I have any concern regarding this collection of personal information, I should contact:

Information and Training Coordinator, AADL, Seniors and Community Supports
780-427-0731 or 10th Floor, Milner Building, 10040-104 Street, Edmonton, Alberta, T5J 0Z2.

Please check off the Yes or No box on the bottom of this form. If the client is unable to check off the box, the individual signing on behalf of the client must do so.

- I have read and understand the Terms and Conditions above.
- I understand this Client Declaration must be completed and signed before any order can be placed.

Note: If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client/Individual for client

Name (Please PRINT)

Relationship to Client

Date

Phone Number (if not client)

I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP).

Yes

No