



Home health provider and client responsibilities

A workplace injury can be life changing. The basic tasks that make up your daily routine may now be challenging, and we're here to help you. Together, we're working towards your best recovery.

The following home health agreement helps define our roles, so you know what to expect as we support you:

We will:	You will:
Provide safe, appropriate, quality care without discrimination of race, creed, ethnic orientation, age, or sexual orientation.	Maintain a safe physical and respectful environment for all your home health staff regardless of race, creed, ethnic orientation, age, or sexual orientation.
Provide care in a respectful manner, free of all psychological, physical and/or financial abuse.	Interact with all home health staff in a respectful manner free of psychological, physical and/or financial abuse.
Ensure expressed consent is obtained and all your personal information is kept in accordance with the <i>Freedom of Information and Protection Act</i> , the <i>Health Protection Act</i> , and all other applicable legislation.	Consent to appropriate documentation as required.
Provide care based on your compensable WCB injury, as authorized by your case manager.	Respect the scope of the authorized care and the scope of practice of the home health staff. Participate in all assessments and care planning.
Take all measures to resolve your care concerns in a respectful, non-judgmental, and supportive manner.	Voice any concerns to your provider or case manager. We are here to support you.
Investigate concerns or complaints in a prompt manner. We will be transparent and communicating with you and WCB, completing an incident report, if required.	Collaborate with us to resolve any concerns and participate in any required steps and measures needed to prevent similar issues in the future.

We're here to support you and will do our best to resolve any concerns directly with you and involve your case manager if additional support is needed.

Date: _____	WCB claim #: _____
Worker name: _____	
Worker signature: _____	
Home health provider name: _____	
Home health provider signature: _____	