

CONSENT TO OPEN MAIL

Personal Care Services – Additional Fees and Charges Apply

Participant's Details	
Name:	Date:

If you would like Australian Quality Care to open your mail and assist with responding on your behalf, you, your guardian, or your power of attorney must give us written consent.

If you consent to Australian Quality Care opening your mail but decide later that you would like to do it yourself, or that you would like to seek the assistance of an external service provider, you can choose to have this agreement terminated at any time by written consent.

By completing and signing below, you acknowledge and consent, or otherwise, to the following:

I DO NOT consent to Australian Quality Care opening my mail. By signing below, I acknowledge that all mail containing details of appointments, legal matters, instructions and other important information will be my responsibility to manage and Australian Quality Care will not be involved.

I DO consent, and hereby request, Australian Quality Care to open mail on my behalf to ensure important information (e.g., appointments, legal matters, instructions) and other general instructions are noted, and I am informed where required, I also understand that:

- management/staff will open, view, and read all mail I receive and file securely in my personal documents folder.
- I will be notified of all mail that I receive, and each document will be stamped in my presence to acknowledge that I have received it.
- management/staff will respond to any mail as required and inform me if anything needs to be actioned.
- should I choose to leave Australian Quality Care, I will be given all my documents and letters that have been received through the post.

Signature of Participant

*Or signature of person acting on authority under Guardianship Administration Act 2000 or Powers of Attorney Act 1998 for the person named above, OR an Informal Decision Maker (must have an Informal Decision Maker Details Form-1066 signed) for the person named above.

Print Name

Signature

Date

In the presence of (Witness)

Print Name

Signature

Date