

PATIENT AGREEMENT: GOODHEARTS FOUNDATION TRANSPLANT HOUSING

GoodHearts Foundation Housing (GFTH) is operated by the GoodHearts Foundation. Accommodation at GFTH is provided to adult transplant patients only on the following terms and conditions. The GoodHearts Foundation (the Foundation) reserves the right, in its sole and unfettered discretion, to refuse or limit admission to the transplant housing. For purposes of this Agreement, the "Patient" is a person approved for accommodation by the Foundation.

1. Eligibility for admission to GFTH will be in the sole and unfettered discretion of the Foundation. Bookings are for a minimum of 1 month and a maximum of 3 months. The situation may be re-evaluated immediately prior to end of the 3 month stay.
2. No nursing staff, medical care or assistance is available at GFTH, nor will it be provided.
3. A Patient must be able to tend to his/her personal and medical needs either independently or with the help of their live-in Support Person.
4. A Patient may stay at GFTH only while under the care of the University of Alberta Hospital Transplant Program. A Patient is required to leave GFTH at the conclusion of his/her Program. Length of stay of a Patient is determined by the recovery schedule.
5. The fee for accommodation at GFTH will be \$30 per night. Damage deposit will be \$450. The first month's rent and the damage deposit must be paid upon taking occupancy. Rent is due in full at the beginning of each month.
6. The Patient and their Support Person(s) will be responsible for maintaining the general tidiness and cleanliness of the suite.
7. The Suite may be occupied only by the person(s) registered as its occupant(s). The Patient's Support Person may stay at GFTH accommodation while the patient is in the hospital and until the patient is discharged from Edmonton by the Transplant Team. The Support person must be over 18 years of age.
8. No behaviour or activities which disturb or endanger occupants or neighbours of GFTH will be permitted. All Patients, Support Persons and visitors shall conduct themselves in accordance with the law, and comply with all posted or otherwise communicated rules, regulations and procedures of GFTH. Patients, Support Persons and/or visitors violating these rules will be required to leave GFTH forthwith.
9. GFTH is a non-smoking, non-alcohol facility. Furthermore, no perfume, no candles, no incense, nor any other scented product may be used in the Suite/House. If anyone smokes in the apartment or on the balcony, the registered guest will forfeit the damage deposit and may be charged for additional cleaning costs.
10. Pets are not allowed at the Suite/House.

11. Notwithstanding any other provision of this agreement, GFTH reserves the right, in its sole and unfettered discretion, to require a Patient or Support Person to vacate the premises.
12. GFTH is not responsible for loss, theft, or damage to any personal belongings of Patient, Support Person(s) and/or Visitor(s).
13. Patient(s), Support Person(s) and/or Visitor(s) are responsible for any damage which they may cause to the premises of GFTH.
14. Under no circumstances will GFTH be liable for any cost or expense incurred by a Patient in obtaining or failing to obtain alternate accommodation in the circumstances where GFTH is unable or unwilling to provide or to continue to provide accommodation.
15. Patient is responsible for his/her own transportation.
16. **By signing this legal document, the Patient acknowledges that GFTH will not be held liable for any damages except in the case of gross negligence or actual misconduct.** Furthermore, the undersigned Patient and Support Person(s), and their respective personal representatives, heirs, executors, administrators hereby releases, forever discharges, indemnifies and holds harmless the GoodHearts Foundation and its Directors, Officers, Employees, Agents, Successors and Assigns from any and all loss, damages and/or claims whatsoever arising by reason of damage, death, injury, or illness of every kind and nature resulting from or by reason of the Patient, Support Person(s) and visitor(s) to GFTH. The use of this suite, being solely the responsibility of the parties using such facilities.

I have read the rules, regulations, terms and conditions stipulated in the Patient Agreement. I agree to abide by these rules, regulations, terms and conditions.

The undersigned requests accommodation on the terms and conditions set forth above and agrees to pay for any accommodation provided in accordance with the schedule of charges established by GoodHearts Foundation.

Suite Name/Number _____

Patient Name: _____ Date _____
Please print name

Support Person's Name _____ Date _____
 (If more than 1 Support Person) **Please print name**

_____ Date _____
Please print name

Patient signature and/or Support Person's Signature _____

Witness Name: (Please Print) _____

Witness Signature _____ Date _____