

NIHB Equipment Agreement and Privacy Statement

The equipment provided to you by the Manitoba Wheelchair Program and funded through Non Insured Health Benefits (NIHB). The wheelchair remains the client's property once it is issued, received and signed for upon delivery.

Terms of acceptance for equipment funded through NIHB:

1. If I move within Manitoba, I will report my new address and telephone number to the Manitoba Wheelchair Program.
2. I will use the equipment for my personal mobility.
3. I will store the equipment in a secure, heated and dry place to avoid damage or loss. I will use the equipment with responsible care; keep it clean and regularly maintained.
4. If the wheelchair is lost, I will contact NIHB.
5. All repairs to wheelchairs issued through the Manitoba Wheelchair program and funded by NIHB must be pre-approved.
6. If I enter a Personal Care Home I may take the wheelchair with me.
- 7. Any wheelchair returned to the Manitoba Wheelchair Program will be considered a donation to the program.**
8. If I am a minor, or signing on behalf of a minor, the same obligations apply as listed above.

The Personal Health Information on this application is treated in compliance with "The Personal information Protection and Electronic Act." In order to serve you better we may need to share your information with others. Most commonly these include medical professionals. SMD promises to treat your personal information in a secure and reasonable fashion while providing you with the highest level of professional service.

- I have read and understand the terms of the equipment agreement. I am legally bound by the terms and accept the equipment on these terms.
- I authorize SMD Wheelchair Services to disclose my personal health information contained in my wheelchair application to authorized personnel for the sole purpose of processing my wheelchair request.

Client's Signature

Witness Signature

Witness Name (print)

Date

If client cannot write, a LEGAL representative may sign above on behalf of the client. If you are signing as a legal representative, complete the information below.

Printed Name and signature

Relationship

Address

Date