



Winnipeg Regional
Health Authority Office régional de la
santé de Winnipeg

Assistive Technology

PRODUCTS AND SERVICES

Communication Devices Program

Equipment Loan/Rental Agreement

Health Sciences Centre (HSC)
59 Pearl Street
Winnipeg, MB R3E 3L7

Deer Lodge Centre (DLC)
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Tel. (204) 831-3430

This agreement will apply to any and all equipment (the "CDP Equipment") that is loaned or rented from the Communication Devices Program (CDP) over the time of your association with the CDP. **By signing this form you are acknowledging and agreeing to comply with the following statements:**

		Date	<table border="1" style="border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
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Client Surname	Client Given Name																		

1. CDP Equipment will be used and cared for appropriately. The CDP Equipment is to be used primarily for communication purposes. Contact the Speech-Language Pathologist (SLP)/Occupational Therapist (OT), or the CDP in case of questions about how to use or maintain the CDP Equipment.
2. I (name), _____, (relation to client if applicable) _____ am responsible for all of the CDP Equipment loaned/rented to myself or (client name) _____ from the CDP.
3. I may be held responsible for **any loss, theft or damage** to the CDP Equipment that occurs during the loan/rental period, and for any associated costs. I will report any loss, theft or damage of the CDP Equipment as soon as practicable to the CDP.
4. I understand that insurance for CDP Equipment is strongly encouraged and recommended.
5. I agree to pay the rental fees (if applicable) as indicated on the Equipment Rental Form. If I return the CDP Equipment prior to the end of the rental period, I understand that I will only be required to pay rental fees for the time the CDP Equipment was in my possession.
6. I am aware that the Communication Devices Program reserves the right to raise rental fees at anytime during the course of the rental with 90 days advance notice.
7. I am responsible for the purchase of any expendable accessories and/or supplies for all CDP Equipment (e.g. batteries).
8. I will immediately report any malfunction of the CDP Equipment to my clinician/therapist, so that the CDP can arrange or complete repairs. All repairs must be coordinated through the Communication Devices Program. I will **NOT** attempt to repair any equipment, or contract anyone else to do so as this may void warranties on the equipment. I am aware that a fine may be applied to my rental if I violate this agreement.
9. If the CDP Equipment is not being used, I will return it, as I understand that other clients may require the CDP Equipment.
10. I understand that if I choose to access the internet using the CDP Equipment that such access could cause the exposure of my personal and/or personal health information stored on the CDP Equipment. If I choose to access the internet using the CDP Equipment I understand and assume the risk of disclosure of my personal and/or personal health information.
11. I am responsible for the safe return of the CDP Equipment to the Communication Devices Program. I will pay any costs incurred in returning equipment (e.g. courier, damages or loss during transportation). I agree to call the CDP prior to returning equipment and to address all packages in care of: **ATPS-Communication Devices Program, Deer Lodge Centre, 2109 Portage Avenue, Winnipeg, MB R3J 0L3.**
12. I am aware that all peripheral equipment from the Communication Devices Program (including adapters, carrying cases, switches, cables, etc.) shall also be returned at the end of the rental or I may pay a replacement fee for these items.
13. I am aware that failure to comply with the above may result in removal of all CDP Equipment from my possession and may result in penalties for my future access to the program.
14. I am responsible for informing the CDP of any changes in address, phone number, or any other contact information.
15. I, for myself and my heirs, executors and administrators, hereby absolve the Winnipeg Regional Health Authority (WRHA), Assistive Technology –Communication Devices Program located at Deer Lodge Centre, its directors, officers and its agents, of any responsibility or liability of whatsoever nature or kind, should disclosure, loss, injury or damage occur to me or to any third party due to the use or misuse of this equipment.
16. This Agreement shall be binding on my heirs, executors and administrators.

Client or Substitute Decision Maker (printed name)

Signature

Relationship of Substitute Decision Maker to Client (if applicable)

Reviewing Clinician (please print)

Signature

Clinician: By signing here, you acknowledge having reviewed the contents of this document with the client or substitute decision maker.