



Service aux laryngectomisés,
Programme d'aide à la communication
Hôtel-Dieu de Québec
11 Côte du Palais, room 1565
Québec City, QC G1R 2J6
Tel.: 418 691-5095
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Programme d'aide à la communication
CHUM
Pavillon C, 9e étage
1000, rue Saint-Denis
Montréal QC H2X 0C1
Tel. : 514 890-8236
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DECLARATION OF COMMITMENT

In Québec, two institutions administer the SAL-PAC. In your case, you will deal with the following supraregional distribution centre (check)

- CHU de Québec-Université Laval
 CHUM

You hereby acknowledge that the devices that may be loaned to you remain the property of your distribution centre. You also acknowledge that your distribution centre may control the amount and type of supplies and care products that could be provided to you.

Furthermore, you may not sell, exchange, modify or repair any device or product yourself. If there is breakage or if the device or products are no longer being used, the devices and their parts must be returned to the distribution centre. In the event of your death, one of your loved ones or a resource person who you have designated must return the device and all its parts to your distribution centre.

We wish to inform you that the devices, communication supplies and care products are very expensive and it is essential that good use be made of them. This is a shared responsibility between yourself and the distribution centre. Please inform yourself of the extent of your responsibilities and those of the distribution centres (verso).

The distribution centres will directly contact users who do not respect their commitments in order to correct the situation. The managers of the programs reserve the right to exclude any users who do not to respect their commitments towards the SAL-PAC following this process. In that case, the user will receive a letter explaining the reasons for his or her exclusion from the programs.

I certify that I am aware of the care policies and my responsibilities.

Initials: _____



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MANAGEMENT OF DEVICES, SUPPLIES AND CARE PRODUCTS: A SHARED RESPONSIBILITY

RESPONSIBILITIES OF THE SUPRAREGIONAL DISTRIBUTION CENTRE:

- Provide services (devices, supplies, clinical support) to optimize communication
- Ensure that the material supplied responds to the actual needs of the user
- Provide care products
- Repair or replace devices that are worn out or damaged through normal use
- Provide a spare tracheoesophageal prosthesis for future use
- Periodically contact users to verify that they are regularly using the type of communication device they received from the SAL-PAC
- Control the quantities of supplies and care products provided

RESPONSIBILITIES OF USERS OR THEIR REPRESENTATIVES

- Identify at least one resource-person and
 - Inform that person of the responsibilities described in this document;
 - Inform that person if a communication device has been loaned.
- Notify the SAL-PAC distribution centre of any change in contact information (mailing address, telephone, email).
- Apply the action plan established with the speech-language pathologist or the ENT physician.
- Be aware of the quantities of products allowed and respect what is allowed (see the *List of Products and Quantities Allowed*).
- Accept that a loaned device will not always be new.
- Respect all safety rules pertaining to the use of communication aids and care products.
- Use the material correctly, and for the purpose for which it was provided.
- Regularly maintain the communication aids that have been loaned or given and follow the instructions provided to that end.
- Keep the assigned material and do not trade, give away or sell it.
- Return the loaned device to the distribution centre if it is no longer being used or if another means of communication is chosen.
- Notify the distribution centre if the communication device breaks. In case of breakage of the device or a part, return it to the distribution centre.
- Pay the replacement costs for any communication aid and its parts if it is stolen, lost or damaged through negligence or abuse, fire or vandalism.
- Provide the distribution centre with a medical prescription or a recommendation from the speech-language pathologist for any request or change related to tracheoesophageal prostheses, flexible tubes and speaking valves.

I certify that I am aware of the conditions of care and my responsibilities. Initials: _____

User's name (block letters): _____

RAMQ: _____ Expiry date: _____

User's signature (or his/her representative): _____ Date: _____