

Dear Goodwin House Bailey's Crossroads Resident,

As we are all aware, sudden and unplanned hospitalizations or relocations to the Health Care Center and Assisted Living are a very real part of life at GHBC. In these situations, concerned friends are often left to wonder about a resident's whereabouts and welfare. In an effort to keep friends connected, the Resident Health Committee initiated the Resident Confidant Program several years ago. The program continues with support from the Social Worker for Residential Living as the designated staff liaison.

Each resident may designate a fellow in-house resident as their "confidant." In the event of a hospitalization or relocation, the Reception Desk will contact your designated confidant as soon as possible and between the hours of 9 a.m. and 8 p.m. While no action is required of the confidant, s/he will be notified of your whereabouts. Please note: No information regarding your health status will be provided to your confidant by GHBC staff.

This is an entirely voluntary process and does not replace existing procedures of prompt notice of medical emergencies to your designated family contacts and/or healthcare decision agents.

Please review the designation form below and complete as desired. Prior to making your decision, be sure to discuss the designation with your confidant. Additionally, you may wish to pre-arrange with your confidant exactly what you would like done in the event of your hospitalization or relocation, such as what information you wish other residents to be told and whether you would like visitors, phone calls, or just cards and notes.

Please detach and return the completed designation form below to the Social Worker for Residential Living. The master confidant list will be maintained there and shared with GHBC Reception Desk staff. *Note: The form on the back is for your records only.*

New and updated confidant forms will continue to be accepted on an on-going basis and the master confidant list will be updated as necessary. If you would like to change anything on your designation form at a later date, confidant designation forms will be available from all GHBC Social Workers. If you have any questions, please contact Barbara Fornoff, GHBC Social Worker at ext. 7225.

Thank you,

GHBC Resident Health Committee

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GOODWIN HOUSE BAILEY'S CROSSROADS DESIGNATION OF CONFIDANT

I _____ hereby voluntarily designate the following GHBC resident as my confidant, with the understanding that s/he has my permission to disclose my health status to the extent that I have instructed him/her to do so:

CONFIDANT: _____ PHONE EXTENSION: _____

ALTERNATE CONFIDANT (Optional): _____ PHONE EXTENSION: _____

Signed: _____

Date: _____

Resident Copy: *Please Complete and Keep For Your Records*

**GOODWIN HOUSE BAILEY'S CROSSROADS
DESIGNATION OF CONFIDANT**

RESIDENT NAME: _____

CONFIDANT: _____

CONFIDANT PHONE EXTENSION: _____

ALTERNATE CONFIDANT: _____

ALTERNATE CONFIDANT PHONE EXTENSION: _____

Resident Signature

Date Signed

Date Submitted to GHBC SW