

CONSENT TO OPEN MAIL

Personal Care Services – Level 3 Approved Accreditation – Additional Fees and Charges Apply

Resident's Details	
Name:	Date:

If you would like Skymac to open your mail and assist with responding on your behalf, you, your guardian, or your power of attorney must give us written consent.

If you consent to Skymac opening your mail, but decide later that you would like to do it yourself, or that you would like to seek the assistance of an external service provider, you can choose to have this agreement terminated at any time by written consent.

By completing and signing below, you acknowledge and consent, or otherwise, to the following:

I <u>DO NOT</u> consent to Skymac Pty Ltd opening my mail. By signing below, I acknowledge that <u>all</u> mail containing details of appointments, legal matters, instructions and other important information will be my responsibility to manage and Skymac Pty Ltd will not be involved.

I <u>DO</u> consent, and hereby request, for Skymac Pty Ltd to open mail on my behalf to ensure important information (e.g. appointments, legal matters, instructions) and other general instructions are noted and I am informed where required. I also understand that:

- management/staff can open, view, and read all mail I receive and file securely in my personal documents folder.
- I will be notified of all mail that I receive, and each document will be stamped in my presence to acknowledge that I have received it.
- management/staff will respond to any mail as required and inform me if anything needs to be actioned.
- should I choose to leave Skymac, I will be given all my documents and letters that have been received through the post.

Signature of Resident

*Or signature of person acting on authority under Guardianship Administration Act 2000 or Powers of Attorney Act 1998 for the person named above, OR an Informal Decision Maker (must have an Informal Decision Maker Details Form-0071 signed) for the person named above.

Print Name	Signature	Date
In the presence of (Witness)		
Print Name	Signature	Date
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