

# Leave Of Absence Family Program Request (LOA-FP)



**Sunshine Coast  
Health Center**

Powell River, BC

**RATIONALE:** Leaves Of Absence (LOA-FP) are considered for this reason: to allow client to spend time with loved ones that are attending the Family Program.

1. While LOA-FP can be a part of the SCHC experience, **they are not a right** and you should guard against assuming that the clinical staff will automatically approve your request. Of primary importance is that LOA-FP be structured in such a way as to minimize the risk of relapse or exposure to high-risk situations. To this end, the Clinical Team may deny a specific request or suggest an alternative agenda to that submitted.
2. **Each request is considered on its own merits**, and clients are cautioned against assuming that all requests will be honored.
3. LOA-FP requests are reviewed prior to every Family Program by the Clinical Team. You, your family or friends are cautioned against making firm plans or transportation arrangements before your LOA-FP agenda has been reviewed and approved. The SCHC staff will **not** assume responsibility for any inconvenience or financial loss that may result from a client's planning an LOA-FP before it is approved by staff. **Transportation during your LOA-FP is your responsibility, not Sunshine Coast Health Centre's.**
4. You will be asked to sign an Authorization to Communicate with all persons who, in the judgment of Clinical Team, may play a role in the LOA-FP.

**Name:** \_\_\_\_\_

I request a Leave Of Absence Family Program (LOA-FP) from (date/time): from \_\_\_\_\_ to \_\_\_\_\_

for the specific purpose of \_\_\_\_\_

I will be staying at (Address and Phone #): \_\_\_\_\_

**Client Signature:** \_\_\_\_\_