

Sunshine Coast Health Centre

Admission Package

Part 2 of 2



**Sunshine Coast
Health Centre**

Welcome

Whether this is for yourself, a family member, loved one, or employee, thank you for choosing Sunshine Coast Health Centre. This collection of forms and information is Part 2 of the Client Package and will assist in registering and preparing for our residential programs.

Agreement of Responsibility for Residential Treatment Costs 3

The **Agreement of Responsibility for Residential Treatment Costs** is to be reviewed, signed and submitted by the individual covering the cost of treatment. This may be the client applying for admission to the Residential Program or it may be a family member, spouse/partner, or employer.

Agreement of Responsibility for Prescription Medication Costs 5

The **Agreement of Responsibility for Prescription Medication Costs** is to be completed by the party that has agreed to pay for time spent in medical detox during a client's stay in one of Sunshine Coast Health Centre's residential programs.

Agreement of Responsibility for Medical Detox Costs..... 6

The **Agreement of Responsibility for Medical Detox Costs** is to be completed by the party that has agreed to pay for time spent in medical detox during a client's stay in one of Sunshine Coast Health Centre's residential programs.

Consent to Release Medical Information 7

The **Consent to Release Medical Information Form** is to be completed by the client attending treatment so that Sunshine Coast Health Centre's medical and nursing departments' may access any medical and psychiatric records necessary for providing accurate diagnoses and effective care.

Agreement of Responsibility for Safety Plan Exit Costs..... 8

Please have the above 4 forms completed 24 hours prior to admission.

Fee Schedule 9

Pre-Admission Checklist (Things to bring/not to bring) 12

The **Pre-Admission Checklist** will help you pack for your stay at Sunshine Coast Health Centre. A list of things to bring and not to bring is provided as well as information on sending/receiving mail, laundry facilities, client chores and visitor hours.

Client Admission Form (see Admission Package Part 1 of 2)

The **Client Admission Form** (*) is a document the clinical staff requires prior to admission. Critical information such as patient contact information and the client's history (medical, psychological, alcohol/ drug use, past treatment, employment, etc.) is reviewed by the Nursing Supervisor to ensure that the client is a good fit for the program.

Further information, including travel arrangements, can be found on our website at www.sunshinecoasthealthcentre.ca

AGREEMENT OF RESPONSIBILITY FOR RESIDENTIAL TREATMENT COSTS

I, _____ agree to pay Sunshine Coast Health Centre (2005) Ltd. for the full cost of residential treatment (“the Program”) for _____ as follows:
 (name of client)

Tick program (at left in table) that applies to you.

As a licensed, recognized medical facility, we do not charge GST or PST on our programs.

Fee Schedule

| Inpatient Addictions Program ¹ | | |
|---|--|---------------------------------------|
| | Semi-private room | Private room |
| First 30 Day (minimum stay) | <input type="checkbox"/> \$650.00/day | <input type="checkbox"/> \$810.00/day |
| After 30 Day | <input type="checkbox"/> \$600.00/day | <input type="checkbox"/> \$760.00/day |
| After 60 Day | <input type="checkbox"/> \$550.00/day | <input type="checkbox"/> \$710.00/day |
| Detox Program ² | | |
| 7 Day | <input type="checkbox"/> \$6,580.00 | |
| Alumni Program ^{1, 3} | | |
| _____ Days | <input type="checkbox"/> \$550.00/day | <input type="checkbox"/> \$710.00/day |
| Sober Living ⁴ | | |
| _____ Days | <input type="checkbox"/> \$250.00/day (minimum stay – 30 days, maximum stay – 90 days) | |

¹ Fees are for semi-private (double occupancy) rooms. Single occupancy rooms are an additional \$160 per day. Detox not included. A surcharge of \$650 will be charged for each night of required detox. Clients begin the mental health and addictions program once discharged from detox.

² Detox medications including Suboxone Treatment not included.

³ Clients registering for Alumni program must have previously attended our mental health and addictions program.

⁴ Sober living is available to clients who have completed our mental health and addictions program.

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AGREEMENT OF RESPONSIBILITY FOR RESIDENTIAL TREATMENT COSTS (cont'd)

I further agree to reimburse for additional costs incurred during the Program. Additional costs may include, but are not limited to, the following: prescriptions, off-site adjunct therapy, emergency dental work, post-discharge travel, and missed appointments with the psychiatrist or Medical Director (see page 10 for details). Clients who do not have valid provincial health plan coverage⁵ will be charged for doctor visits, psychiatrist visits, and lab work. Payment for additional fees is due prior to client discharge. Credit card information should be recorded below for this purpose.

⁵ Clients with overdue provincial health insurance premiums, clients residing outside of Canada, or residents of Quebec

Refund Policy:

By signing this document, I understand that Sunshine Coast Health Centre expects the client to complete the Program. As part of this understanding, I am expected to promptly advise Sunshine Coast Health Centre staff if I or the client in treatment expresses any intent to leave the Program early. I agree to support all reasonable efforts made by Sunshine Coast Health Centre staff to keep a client engaged in the Program. If a client, despite all efforts by staff, leaves the Program early, any refund will be negotiated directly between myself, as Payer, and the Administrator on behalf of Sunshine Coast Health Centre. Sunshine Coast Health Centre will notify the appropriate individual who is paying for the client's stay in case of early discharge.

I understand that refunds are not provided on a pro rata basis since daily average rates do not reflect intensive administrative and clinical services provided in the initial stages of treatment.

Payer's Name: _____

Payer's Address: _____ City: _____

Prov. _____ Postal Code: _____ Phone: _____

Payer's Signature: _____

Final Payment Credit Card Info: cash debit card VISA MC AMEX
 cheque wire transfer

Credit Card #: _____ Expiry Date (mm/yyyy) _____ Security/CCV code _____

Name on card (please print) _____

Payer's Signature: _____ Date: _____

THIS DOCUMENT MUST BE COMPLETED AND FAXED 24 HOURS PRIOR TO ADMISSION. PLEASE FAX COMPLETED FORM TO 1.888.875.0511 . ALL CORRESPONDENCE WILL REMAIN CONFIDENTIAL.

AGREEMENT OF RESPONSIBILITY FOR PRESCRIPTION MEDICATION COSTS

I, _____, agree that it is my responsibility to pay for any medications prescribed to me during my stay at Sunshine Coast Health Centre (SCHC). These charges are in addition to the costs of Residential Treatment. Sunshine Coast Health Centre is not responsible for covering any charges I incur related to prescription medications and that any personal concerns regarding payment should be discussed with my case manager and with my insurance company.

I, _____, hereby authorize Sunshine Coast Health Centre (2005) Ltd. to charge on a weekly basis for prescription medication expenses incurred during treatment at Sunshine Coast Health Centre. I hereby agree to immediately reimburse Sunshine Coast Health Centre for said expenses upon demand.

Note: Please only bring a maximum of 3–4 days of current prescription medications. Existing prescriptions will be reviewed by the medical director and re-packaged by SCHC's pharmacist.

Payment Credit Card Info:

Credit Card Issuer: VISA MC AMEX

Credit Card #: _____

Expiry Date (mm/yyyy) _____ Security/CCV code _____

Name on card: (please print) _____

Signature of Cardholder: _____ Date: _____

Extended Health Care No. _____ Personal Health No. _____
(if applicable)

Extended Health Carrier _____ Group Plan No. (Back of Card) _____
(if applicable) (if applicable)

Service No. _____

THIS DOCUMENT MUST BE COMPLETED AND FAXED 24 HOURS PRIOR TO ADMISSION. PLEASE FAX COMPLETED FORM TO 1.888.875.0511. ALL CORRESPONDENCE WILL REMAIN CONFIDENTIAL.

AGREEMENT OF RESPONSIBILITY FOR MEDICAL DETOX COSTS

I, _____, agree to pay Sunshine Coast Health Centre (2005) Ltd. for the full cost (\$650 per night) of time spent in the detox unit at Sunshine Coast Health Centre for

(name of client)

Detox unit charges will be billed once client has been approved for release from the detox unit by medical staff. These charges are in addition to the costs of Residential Treatment.

If medical staff recommend client spend additional time in detox causing charges to exceed \$3250 (5 nights in the detox unit), you will be contacted by the financial department prior to payment being processed.

All fees are GST and PST exempt.

Final Payment Credit Card Info:

Credit Card Issuer: VISA MC AMEX

Credit Card #: _____ Expiry Date (mm/yyyy) _____ Security/CCV code _____

Name on card: (please print) _____

Signature of Cardholder: _____ Date: _____

THIS DOCUMENT MUST BE COMPLETED AND FAXED 24 HOURS PRIOR TO ADMISSION. PLEASE FAX COMPLETED FORM TO 1.888.875.0511 . ALL CORRESPONDENCE WILL REMAIN CONFIDENTIAL.

CONSENT TO RELEASE MEDICAL INFORMATION

Patient Name: _____

Date of Birth: _____

Personal Health Number (PHN): _____

Primary Physician's Name: _____

Phone: _____

Fax: _____

Dear Dr. _____ ,

I, _____, consent to release the following medical records for the last two years to Dr. Jacques du Toit, and to Dr. Stuart Howard of Sunshine Coast Health Centre:

- | | |
|--|---|
| <input type="checkbox"/> Any and all types of records you have | <input type="checkbox"/> Doctors orders |
| <input type="checkbox"/> Doctor visit notes | <input type="checkbox"/> History & Physical |
| <input type="checkbox"/> Lab reports | <input type="checkbox"/> Specialist Consultations |
| <input type="checkbox"/> Emergency room notes | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> Clinical notes | <input type="checkbox"/> Other: _____ |

Please fax records to:

Attention: Sunshine Coast Health Centre Nursing Department

Fax: 1.888.875.0511

Phone: 604.487.9050 ext 200

Client Signature: _____

Date: _____

Witness: _____

Date: _____

AGREEMENT OF RESPONSIBILITY FOR SAFETY EXIT PLAN COSTS

I, _____ hereby authorize Sunshine Coast Health Centre (2005) Ltd. to charge for Safety Exit Plan costs incurred by _____ during treatment at Sunshine Coast Health Centre. Funds will be charged to my credit card providing the credit card has sufficient credit. In the event that the card issuer declines any credit card charges associated with the above expenses, I hereby agree to immediately reimburse Sunshine Coast Health Centre for said expenses upon demand.

Credit Card Issuer: VISA M/C AMEX

Name on Card: _____

Credit Card #: _____ Expiry Date (mm/yyyy) _____ Security/CCV code _____

Address of Cardholder: _____

Signature of Cardholder: _____ Date Signed: _____

Witness to Signature: _____ Date Witnessed: _____

The person in whose name the card is issued must complete the credit card information.

I understand that the costs incurred could be for the following:

- 1:1 monitoring at an hourly rate (to be determined) when determined necessary by the clinical/medical staff at Sunshine Coast Health Centre
- Travel costs for client and SCHC personal travel escort to Vancouver if determined necessary by clinical/medical team. (hourly rate to be determined)
- Transportation of client to home community or alternative as pre-arranged.

The plan would come into effect if the following issues arise:

- Acute issues re: resistance to treatment
- Hostile behaviour or actions, either verbal or physical
- Client unable to stabilize with the supports of medical and clinical teams.

If client has left SCHC and been admitted to the Powell River General Hospital and cannot return to SCHC afterwards for any reason, the Safe Exit Plan will be implemented.

The funder will be notified when it is determined by the team that this support is required. Funder will be notified by phone number on file, but speaking to funder is not required prior to implementation of one to one coverage. Funder is expected to follow the agreed upon Safe Exit Plan. Funder recognizes that they are not in a position to neglect the safe transfer of the client from SCHC to a safe placement location.

Funder's Signature: _____

Payer's Name: _____

Payer's Address: _____ City: _____

Prov. _____ Postal Code: _____ Phone: _____

THIS DOCUMENT MUST BE COMPLETED AND FAXED 24 HOURS PRIOR TO ADMISSION. PLEASE FAX COMPLETED FORM TO 1.888.875.0511 . ALL CORRESPONDENCE WILL REMAIN CONFIDENTIAL.

COMPREHENSIVE FEE SCHEDULE

Our prices are higher, because we offer more guaranteed services than any other provider. We **guarantee** a quality of care for professionals that is unmatched in Canada. This means, unlike other treatment centres, our individualized plans include guaranteed psychiatric assessment and regular, customized one-on-one sessions with masters' level counsellors and various health professionals.

Most facilities do not guarantee a psychiatric assessment (e.g. clients only receive one if they present psychiatric issues) let alone weekly appointments with doctors, nurses, counsellors, personal trainers, massage therapists, and other speciality trained staff.

As a licensed, recognized medical facility, we do not charge GST or PST on our programs.

Fee Schedule

| All Inpatient Programs ¹ | | |
|--|---|--------------|
| | Semi-private room | Private room |
| First 30 Day (minimum stay) | \$650.00/day | \$810.00/day |
| After 30 Day | \$600.00/day | \$760.00/day |
| After 60 Day | \$550.00/day | \$710.00/day |
| Detox Program ² | | |
| 7 Day | \$6,580.00 | |
| Alumni Program ^{1,3} | | |
| Per day | \$550.00/day | \$710.00/day |
| Sober Living ⁴ | | |
| Per day | \$250.00/day (minimum stay – 30 days, maximum stay – 90 days) | |

¹ Fees are for semi-private (double occupancy) rooms. Single occupancy rooms are an additional \$160 per day. Detox not included. **A surcharge of \$650 will be charged for each night of required detox.** Clients begin the mental health and addictions program once discharged from detox.

² Detox medications including Suboxone Treatment not included.

³ Clients registering for Alumni program must have previously attended our mental health and addictions program.

⁴ Sober living is available to clients who have completed our mental health and addictions program.

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Comprehensive **Fee Schedule** p.2

A non-refundable deposit of \$1000 is required to hold a bed in the event of a wait list and will be applied towards the cost of treatment upon admission.

The **Detox Only Program** includes travel assistance (see below for details), medical detoxification, routine medical and nursing consultations, psycho-educational workshops, and the Family & Couples Program.

The **Inpatient Addiction Program** includes psychiatric assessment, one-on-one counselling, psycho-educational workshops, post-treatment care (e.g. alumni dinners, support meetings, coaching, and online support program), and wellness therapies (massage, fitness assessments, group fitness and recreation) as well as complementary trauma therapies (EMDR, neurofeedback, hypnotherapy, active meditation).

The **Outpatient Addiction Program** (TBA) runs from 8 AM to 4 PM and includes lunch and all services in the Inpatient Program.

The **Alumni Program** includes all services provided in the Mental Health and/or Addiction Program, except for travel assistance in Vancouver. Alumni Program clients must have first completed the Addiction or Trauma Program.

All programs include pick up/return to the Powell River airport or ferry terminal upon arrival/discharge, accommodation, meals, use of the indoor pool and fitness centre, and use of laundry facilities.

Programs **do not** include travel expenses to and from a client's place of residence to the Powell River airport or ferry terminal, dental work, prescription drugs, or personal items such as toothpaste, shaving cream, deodorant, etc.

Travel Assistance

(not included in the Alumni Program fee)

To facilitate Addiction Program, Trauma Program or Detox Only Program clients arriving at Vancouver International Airport or Comox Valley Airport, Sunshine Coast Health

Centre offers free travel assistance. Don't worry about luggage and shuttling between terminals: a staff member will be there to ensure your trip is hassle-free.

Vehicle Use & Parking

Personal vehicle use is not permitted while clients are in our treatment programs. We encourage you not bring your personal vehicle for this reason. Clients who drive to our campus will be required to store their keys with administration until they leave. Limited parking is available. A daily parking rate of \$5 may apply.

METHODS OF PAYMENT

We accept cheque or money order issued by a Canadian bank, wire transfer, Visa, Mastercard, and American Express. For further info, please feel free to contact Admissions toll free 1.866.487.9010.

PROGRAM CHANGES AND EXTENSIONS

Clients wishing to change programs or extend their stay may do so without penalty. For example, a client who has originally enrolled in the Detox Only Program may change to the Mental Health and/or Addiction Program by paying the difference in cost. No penalty will be assessed for clients choosing to start their treatment in a program of shorter duration.

OUR FAIR REFUND POLICY

Refunds are calculated by the number of unattended days multiplied by the daily rate of that program. An admin charge of \$2000 will be charged on all refunds where the length of stay is less than 30 days. The admin charge will be waived for clients staying longer than 30 days if seven days notice is provided. Day 1 and the last day of a client's stay are based upon the calendar day the client arrives and departs, regardless of the time of day.

Continued on next page

Comprehensive **Fee Schedule** p.3

WHY IS TREATMENT AT SUNSHINE COAST MORE EXPENSIVE THAN OTHER FACILITIES?

1. **Not all mental health and addiction programs** are equal in terms of programming, staff, and amenities. We are committed to providing the very best to our clients in all three of these areas.
2. **While with us, we promise highly personalized one-on-one programming** tailored to your specific needs. Most treatment centres offer the exact same program to everyone and will not make alterations for any reason.
3. **The staff providing your care are highly credentialed and experienced** beyond what you will receive at other facilities.
4. **Many services and amenities you receive at Sunshine Coast are offered at no extra charge.** At other facilities, these same services and amenities will cost extra or are not offered.

SESSIONAL FEE SCHEDULE

| | 30 Minutes | 60 Minutes |
|----------------------|------------|------------|
| Chiropractic | \$45 | |
| Hypnotherapy | | \$140 |
| Massage Therapy | \$55 | \$100 |
| Neurofeedback | | \$80 |
| Nutrition Consulting | \$80 | \$140 |
| Nutritionist | \$80 | \$140 |
| Ozone Therapy | \$70 | |
| Personal Training | | \$50 |
| Physiotherapy | | \$60 |

Note: Sessional fees will be billed for those requesting additional sessions beyond those already included in programs. Please visit the Men's Daily Schedule at <http://www.sunshinecoasthealthcentre.ca/pdf/mens-sched.pdf> for details.

PRE-ADMISSION CHECKLIST

THINGS TO BRING

- Provincial health care card
- Drivers license (if Canadian resident) or passport (non-resident of Canada) for boarding flights.
- Travel insurance for coverage of emergency medical services while in British Columbia (Highly recommended for non-residents of Canada and medically uninsured Canadians*)
- Money (cash, credit, debit, etc) for miscellaneous personal expenses
- Current Medications (only 3-4 days worth)**
- Medical Supplies (e.g. Diabetes testing strips)
- Toiletries (toothbrush, shampoo, shaving cream, etc.)
- Sleepwear (slippers, t-shirt and shorts or pajamas)
- Comfortable clothing sufficient for 7 days
- Weather-appropriate clothing and recreation wear (i.e. rain wear and hiking boots/outdoor shoes)
- Fitness wear (t-shirts, shorts, track pants, running shoes) for use in the fitness centre
- Swimwear (not cut-offs) and beach towel
- Musical instruments for leisure time (limited selection available onsite)

THINGS NOT TO BRING

- Clothing that promotes alcohol or drug use (Including names of bars or taverns), sexism, racism, or homophobia
- Drug paraphernalia
- Heating pad or electric blankets
- Weapons (including pocket knives)
- Valuable jewelry or expensive clothing
- Pornography
- Mouthwash or other toiletries containing alcohol
- Over-the-counter medications and herbal remedies****
- Nutritional supplements*****

If you are not sure about a drug, supplement, beverage, or food item please check with Admissions prior to your admission date. Nutritional Supplements are available to clients via individual requests.

MISCELLANEOUS

Personal Electronic Devices: Personal communication*** (cellphones, smartphones, tablets, etc.), audio (iPods, MP3 players, etc.), and computing devices (e.g. laptops) are permitted provided that usage rules are observed at all times.†

Laundry Facilities: Complementary washing machines, dryers, irons, ironing boards and laundry soap are available on-site.

Visitors: Family members are welcome to visit Sundays and holidays from 12:00 to 5:00 PM.

Telephone: Clients can be reached on the client phone. Clients are responsible for providing this phone number to family and friends.

Luggage: Please note that Pacific Coastal Airlines charges extra for luggage weight exceeding 50 lbs. See their website for more details.

* Travel insurance does not cover expenses associated with non-emergency situations such as medical appointments or medications of any kind.

**Changes to personal prescriptions may occur. All prescriptions are re-done by SCHC's pharmacist while clients are at SCHC. Any outside prescription medications will be stored and returned to clients upon discharge.

*** Personal communication devices (e.g. smartphones) with cameras are permitted onsite as long as clients respect anonymity and refrain from taking photos of other clients.

**** Items in this category will be confiscated and returned at time of discharge. Mood-altering drugs or medication deemed counter-therapeutic will not be returned.

† Wireless internet is available for light bandwidth activities. Internet service is intended for communication purposes, not entertainment.

Mailing Address for Letters and Packages: Client's Name
c/o Sunshine Coast Health Centre, 2174 Fleury Road, Powell
River, BC, Canada V8A 0H8