

Sunshine Coast Health Centre

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# **Admission Package**

Military-Specific

Part 2 of 2



**Sunshine Coast  
Health Centre**

# COMPREHENSIVE FEE SCHEDULE

## Service Rates

All Inpatient Programs <sup>1</sup>		
	Semi-private room	Private room
Addiction & Trauma Program	n/a	\$910.00/day
Detox Program <sup>2</sup>		
7 Day	\$6,580.00	
Alumni Program <sup>1,3</sup>		
Per day	\$595.00/day	\$755.00/day
Outpatient <sup>4</sup>		
Per day	\$525.00/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 Outpatient is available to clients who have completed our mental health and addictions program. Outpatient clients are charged on a weekly basis. Any missed days during the week will not be refunded.*

I have read and agree to these terms.	
Initial:	Date:

**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.

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.*

**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.

**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.

**AGREEMENT OF RESPONSIBILITY FOR SAFETY EXIT PLAN COSTS**

I hereby authorize Sunshine Coast Health Centre (2005) Ltd. to charge for Safety Exit Plan costs during treatment at Sunshine Coast Health Centre.

- 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.

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.

I have read and agree to these terms.	
Initial:	Date:

## PAYMENT AND CREDIT CARD INFO

Credit Card Issuer:  VISA  MC  AMEX

Credit Card #: \_\_\_\_\_ Expiry Date (mm/yyyy) \_\_\_\_\_

Name on card: (please print) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Funder: \_\_\_\_\_ Funder Phone: \_\_\_\_\_

Funder Email: \_\_\_\_\_

Extended Health Care No. \_\_\_\_\_ Personal Health No. \_\_\_\_\_  
(if applicable)

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

Service No. \_\_\_\_\_

Funder's Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Funder's Signature: \_\_\_\_\_

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.

### 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.

### 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.

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Initial:	Date:

## GLOSSARY AND TERMS

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

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.

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.

I have read and agree to these terms.

Initial:

Date:

# 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)\*\*
- 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

I have read and agree to these terms.

Initial:

Date:

# VOLUNTARY CONSENT FOR RELEASE OF INFORMATION – MILITARY

PLEASE COMPLETE IN FULL

Client's Full Name: \_\_\_\_\_

History Number: \_\_\_\_\_ Record Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize communication between:

Sunshine Coast Health Centre  
2174 Fleury Road  
Powell River, BC V8A OH8  
Tel: 604.487.9050  
Fax: 1.888.875.0511

AND

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Relation to Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

To release information pertaining to:

- Psychiatric reports
- Medical reports
- My presence at SCHC
- Admission dates/discharge dates
- Progress reports/updates
- Assessments and clinical findings
- Recovery (treatment plan)/post care plan
- Continuing care recommendations
- Discharge summary
- Other (please specify): \_\_\_\_\_

To obtain information pertaining to:

- Personal history
- Family history and social history
- Alcohol and/or chemical use history
- Mental health history
- Physical health history
- Reason for referral
- Other (please specify): \_\_\_\_\_

I give my written consent to the above disclosures, and I understand it is to assist in my recovery.

I DO NOT give any written consent to the above disclosures, and understand its purpose completely.

I understand that the communication of the items above can be disclosed and/or obtained in the following manner.

- Verbally
- In writing
- By mail or fax
- In person

I understand that:

I can revoke consent at any time and in any event except to the extent that legal action has been taken in reliance on it.

Provision of services at SCHC may not be conditioned on my agreement to sign an authorization.

Communication resulting from this authorization will reveal attendance at Sunshine Coast Health Centre.

Client's signature \_\_\_\_\_ Date (mm/dd/yr) \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date (mm/dd/yr) \_\_\_\_\_

This consent is valid for 12 months from the date of signing.

I have read and agree to these terms.	
Initial:	Date: