

Sunshine Coast Health Centre

---

# **Admission Package**

Occupational Trauma  
(Case Manager)



**Sunshine Coast  
Health Centre**

# COMPREHENSIVE FEE SCHEDULE

## Service Rates

<b>All Inpatient Programs <sup>1</sup></b>		
	Semi-private room	Private room
Occupational Trauma & Addictions Program <sup>1</sup>	n/a	\$940.00/day
Occupational Trauma Program <sup>1</sup>	n/a	\$940.00/day
Addiction Program	\$795.00/day	\$910.00/day
<b>Withdrawal Management (Detox) Program <sup>2</sup></b>		
7 Day	n/a	\$6,580.00
<b>Alumni Program <sup>1,3</sup></b>		
Occupational Trauma & Addictions Program <sup>1</sup>	n/a	\$895.00/day
Occupational Trauma Program <sup>1</sup>	n/a	\$895.00/day
Addiction Program	\$750.00/day	\$865.00/day
<b>Extended Care <sup>4</sup></b>		
Per day	n/a	\$300.00/day
<b>Outpatient <sup>4,5</sup></b>		
Per day	\$525.00/day (minimum stay – 30 days, maximum stay – 90 days)	

Note: Referring organization and/or client is responsible for travel costs to and from SCHC.

<sup>1</sup> We recommend private room accommodation for our Occupational Trauma and Occupational Trauma & Addictions Programs. Withdrawal Management services are included in these programs.

<sup>2</sup> Medications including Suboxone Treatment not included.

<sup>3</sup> Clients registering for Alumni program must have previously attended one of our addictions, mental health, or occupational trauma programs.

<sup>4</sup> Our Extended Care and Outpatient Program required per-approval by our Clinical and Medical Teams.

<sup>5</sup> Outpatient is available to clients who have completed one of our addictions, mental health, or occupational trauma programs. 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 SAFETY EXIT PLAN COSTS

I hereby agree to pay for Safety Exit Plan costs if necessary during my client's treatment at Sunshine Coast Health Centre.

I agree to pay 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.
- Transportation of client to home community or alternative as pre-arranged.

I agree the Safety Exit Plan will 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 SCHC's clinical and medical teams 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.

Case Manager Name (Please print): \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date (mm/dd/yr) \_\_\_\_\_

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:

## GLOSSARY AND TERMS

As the most specialized facility in Canada, 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 Occupational Trauma and Occupational Trauma & Addictions 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** 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 our Mental Health, Addictions, and Occupational Trauma Programs, except for travel assistance in Vancouver. Alumni Program clients must have first completed one of our programs listed above (excluding the Detox Only Program).

The **Extended Care Program** is available to clients who no longer require the intensity of our inpatient programs, but due to personal reasons, are not ready to return home. Extended Care includes all services provided in our Mental Health, Addictions, and Occupational Trauma programs except for Clinical services such as 1-on-1 counselling and group counselling. Clients interested in going into Extended Care require pre-approval from our clinical and medical teams.

**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 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 discourage clients from bringing 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:

# CONSENT FOR RELEASE OF INFORMATION

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 0H8  
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: