

Sunshine Coast Health Centre

ADMISSION PACKAGE

WORKSAFE
OCCUPATIONAL TRAUMA
(CASE MANAGER)



**Sunshine Coast
Health Centre**
A Non 12-Step Program





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 _____.
(name of client)

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 travel¹, and missed appointments with the psychiatrist or Medical Director. Clients who do not have valid provincial health plan coverage² will be charged for doctor visits, psychiatrist visits, and lab work. Payment for additional fees is due prior to client discharge.

¹ Fees for transportation between SCHC and Langdale Ferry Terminal (if required due to COVID-19) is \$200 per direction. Or \$150 each direction if combined travel with another client.

² Clients with overdue provincial health insurance premiums, clients residing outside of Canada, or residents of Quebec

Inpatient Mental Health and Addictions Program ¹	
	Private Room
Daily rate (30 day minimum stay)	<input type="checkbox"/> \$960.00/day
Detox Program ²	
7 Day	<input type="checkbox"/> \$6,720.00
Alumni Program ^{1,3}	
_____ Days	<input type="checkbox"/> \$910.00/day

¹ Withdrawal management (detox) not included. A surcharge of \$960 (\$910 for alumni) will be charged for each night of required detox. Clients begin the mental health and addictions program once discharged from detox.

² Withdrawal Management medications including Suboxone Treatment not included.

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

I have read and agree to these terms.

Initial:

Date:

Agreement Of Responsibility For Withdrawal Management Costs

I agree to pay Sunshine Coast Health Centre (2005) Ltd. for the full cost of \$960 per night (\$910 for alumni) of time spent in the withdrawal management unit at Sunshine Coast Health Centre.

If medical staff recommend client spend additional time in withdrawal management causing charges to exceed 5 nights (\$4275 for new clients, \$3775 for alumni), you will be contacted by the financial department prior to payment being processed.

All fees are GST and PST exempt.

Agreement Of Responsibility For Safe Exit Plan Costs

I hereby authorize Sunshine Coast Health Centre (2005) Ltd. to charge for Safe 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 (1) when a behavioural contract is signed and agreed upon between staff and client stating expectation while in program and then (2) if this Safe Exit Plan 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 INFORMATION and Refund Policies

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: _____

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. Payment is due upon arrival. Funders agree for their credit card to be charged in the event of a late payment.

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 Withdrawal Management 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.

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:

- | | |
|--|---|
| <input type="checkbox"/> Psychiatric reports | <input type="checkbox"/> Assessments and clinical findings |
| <input type="checkbox"/> Medical reports | <input type="checkbox"/> Recovery (treatment plan)/post care plan |
| <input type="checkbox"/> My presence at SCHC | <input type="checkbox"/> Continuing care recommendations |
| <input type="checkbox"/> Admission dates/discharge dates | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> Progress reports/updates | <input type="checkbox"/> Other (please specify): _____ |

TO OBTAIN INFORMATION pertaining to:

- | | |
|--|--|
| <input type="checkbox"/> Personal history | <input type="checkbox"/> Physical health history |
| <input type="checkbox"/> Family history and social history | <input type="checkbox"/> Reason for referral |
| <input type="checkbox"/> Alcohol and/or chemical use history | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Mental health history | |

- I have given 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:



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

I have read and agree to these terms.

Initial:

Date: