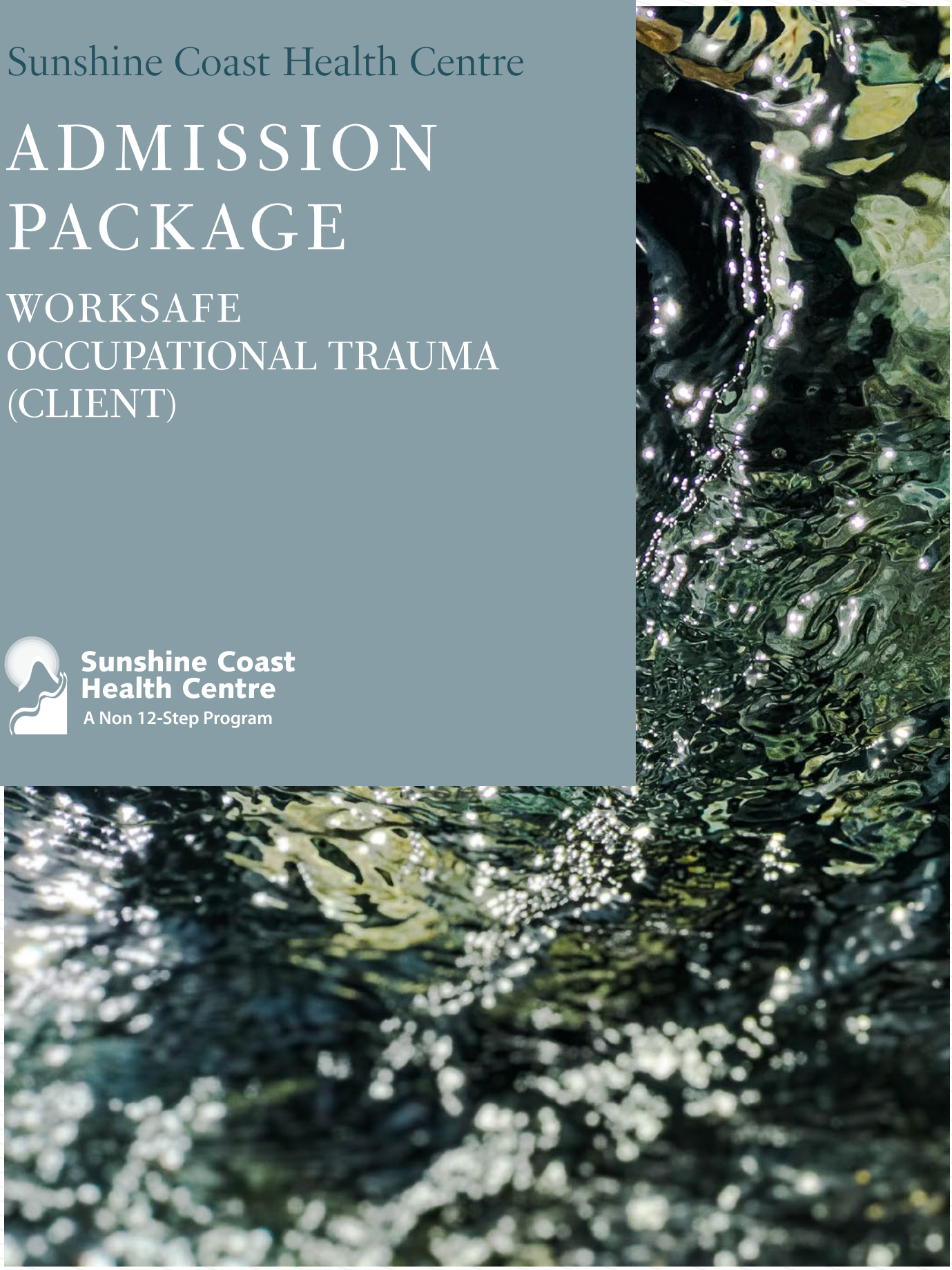
Sunshine Coast Health Centre

ADMISSION PACKAGE

WORKSAFE OCCUPATIONAL TRAUMA (CLIENT)



Sunshine Coast Health Centre
A Non 12-Step Program

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AGREEMENT OF RESPONSIBILITY for Costs

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 travel[1], and missed appointments with the psychiatrist or Medical Director. Clients who do not have valid provincial health plan coverage[2] 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)	☐ $960.00/day
Medical Program[2]	
7 Day	☐ $15,500.00
Alumni Program[1,3]	
_____ **Days**	☐ $910.00/day

[1] *Medical Program charged separately. A surcharge of $960 ($910 for alumni) will be charged for each night in the Medical Program (approximately 3-5 nights). Clients begin the Mental Health and Addictions Program once discharged from Medical Program.*

[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.*

CONTINUED ON NEXT PAGE

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

☐ Agreement Of Responsibility For Medical Program 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 Medical Program at Sunshine Coast Health Centre (approximately 3-5 nights).

If medical staff recommend client spend additional time in Medical Program causing charges to exceed 5 nights ($4800 for new clients, $4550 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 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 (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:

Sunshine Coast Health Centre
A Non 12-Step Program

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.

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Initial:	Date:

Sunshine Coast Health Centre
A Non 12-Step Program

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 **Medical Program** includes medical withdrawal, routine medical and nursing consultations, consultations with Kinesiologist and Occupational Therapist, virtual clinical sessions, virtual access to psycho-educational workshops, and on-site recreation (if stable).

The **Mental Health and 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, hypnotherapy, Somatic Therapy, rTMS, trauma yoga, active meditation).

The **Outpatient Program** runs from 8 AM to 4 PM and includes lunch and all services in the Mental Health & Addictions Program

The **Extended Care Program** is available to clients who no longer require the intensity of our Inpatient Program, but are not ready to return home. Extended Care includes all services provided in our Mental Health and Addictions 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:

Sunshine Coast Health Centre
A Non 12-Step Program

CLIENT Admission Form

THIS IS AN INTERACTIVE DOCUMENT. SIMPLY PLACE YOUR CURSOR OVER THE ITEM YOU WISH TO FILL IN AND BEGIN TYPING.

PLEASE COMPLETE, PRINT THIS DOCUMENT AND FAX TO 1-888-875-0511. A STAFF MEMBER WILL CONTACT YOU WITHIN 24 HOURS.

Client (Patient) Information:

Name
(First) (Middle Initial) (Last)

Address
Street/PO Box

City/Town

Prov/State Postal/Zip

Telephone Numbers
Home: Cell:

Other (specify):

Email address:

Age Date of Birth

Provincial Health Care No.

Extended Health Care No.

Extended Health Carrier

Group Plan No. (Back of Card)

Requested Admission Date:

Funding Guarantor (if different from client):

Name
(First) (Last)

Address
Street/PO Box

City/Town

Prov/State Postal/Zip

Telephone Numbers
Home: Work:

Relationship to client? ◯ self-pay ◯ EAP ◯ employer ◯ family member ◯ other

Source of Information (if different from Client or Funding Guarantor):

Name of person completing this application:
(First) (Last)

Relationship to Client

Telephone Numbers
Home: Work:

Cell:

CONTINUED ON NEXT PAGE

Referring Professional (if applicable):

Were you referred to Sunshine Coast Health Centre by one of the following professionals?

- ☐ Therapist
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Interventionist
- ☐ Other: _____

Name of Professional(s):

1. Precipitating Event/Motivation:

Has a specific event(s) prompted this application?
◯ Yes ◯ No

If yes, please describe:

2. Medical History (Biomedical Complications)

Primary Physician

City/Town

Prov/State

Office Telephone Number

Have you had any medical conditions/illnesses within the past two years? ◯ Yes ◯ No

If yes, please identify.

Are you taking any prescribed medications?
◯ Yes ◯ No

Are you taking any over-the-counter drugs?
◯ Yes ◯ No

If yes to either question, please provide name, dosage, duration of use, and reason taken.

Have you been hospitalized in the past year?
◯ Yes ◯ No

Have you ever attempted suicide?
◯ Yes ◯ No

If yes to either question, please describe and provide date(s).

CONTINUED ON NEXT PAGE

Please identify any known allergies.

Do you snore or have problems sleeping?
◯ Yes ◯ No

Are you able to walk, feed, dress and care for yourself independently? ◯ Yes ◯ No

3. Psychological History (Emotional/ Behavioral)

Are you **currently** seeing a psychiatrist?
◯ Yes ◯ No

Name of psychiatrist?

Are you **currently** seeing:

Pyschologist? ◯ Yes ◯ No

Counsellor? ◯ Yes ◯ No

Name of Professional(s):

City/Town Prov/State

Office Telephone Number

Have you had any psychological/emotional problems in the **past two years?** ◯ Yes ◯ No

If yes, please describe:

4. Alcohol/Drug History

Complete for alcohol or any other addictive substances you have used (including nicotine) in the **past 6 months**.

Name of Drug

Pattern of use (daily, weekend, binge)

Amount used per occasion

Length of use

Date of last use

Name of Drug

Pattern of use

Amount used per occasion

Length of use

Date of last use

Name of Drug

Pattern of use

Amount used per occasion

Length of use

Date of last use

Name of Drug

Pattern of use

Amount used per occasion

Length of use

Date of last use

5. Treatment History

Have you previously been to treatment?
◯ Yes ◯ No

If "Yes," please detail the history. If you require more space, please insert extra page(s).

CONTINUED ON NEXT PAGE

Name of Program

Where located

When

Outpatient or residential?

Was Program Twelve-Step based? ◯ Yes ◯ No

Did you complete the program? ◯ Yes ◯ No

If "No," how come?

Outcome (length of abstinence)

Name of Program

Where located

When

Outpatient or residential?

Was Program Twelve-Step based? ◯ Yes ◯ No

Did you complete the program? ◯ Yes ◯ No

If "No," how come?

Outcome (length of abstinence)

Name of Program

Where located

When

Outpatient or residential?

Was Program Twelve-Step based? ◯ Yes ◯ No

Did you complete the program? ◯ Yes ◯ No

If "No," how come?

Outcome (length of abstinence)

6. Family

Current marital status? ◯ Single ◯ Married ◯ Divorced ◯ Separated ◯ Widowed ◯ Common Law

Ages of children (if any)?

Is there a family history of alcohol/drug use or dependence? ◯ Yes ◯ No

If yes, please describe:

Family Program Participation

Do you have any family members interested in participating in the Family Program? ◯ Yes ◯ No

If so, please detail:

CONTINUED ON NEXT PAGE

7. Employment Status

Current employment status

- ☐ Employed
- ☐ Unemployed
- ☐ Length of current status

If employed, please describe nature of job:

Please describe impact of alcohol/drug use on employment history:

8. Legal History

Have you ever been charged or convicted with a Criminal Code offence*?

◯ Yes ◯ No

**Note: for American applicants, Criminal Code offences refer to misdemeanor or felony convictions.*

If yes, please describe (include DUIs):

If yes, do you have any pending hearings?

◯ Yes ◯ No

If yes, when?

9. Nutrition

Do you have any special dietary concerns?

◯ Yes ◯ No

If yes, please describe.

10. Recovery

Please identify any strengths or resources for recovery, e.g., family support, employer support, personally motivated, etc:

Please identify any current obstacles to treatment or recovery:

What are your top three goals (objectives) for coming to SCHC?

What is your understanding of your addiction? Why do you think you engaged in your addiction?

What is your understanding of your current struggles and challenges in life?

Thank you. If you have any questions regarding this application or prefer to complete the questionnaire over the phone, please contact us toll-free at 1-866-487-9010.

For Office Use Only

☐ RP ☐ I ☐ GAW ☐ Y ☐ WM ☐ A ☐ O

SUBMIT

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, sexism, racism, or homophobia
- ❑ Drug paraphernalia
- ❑ Candles, Heating pad, or electric blankets
- ❑ Weapons (including pocket knives)
- ❑ Valuable jewelry or expensive clothing
- ❑ Pornography
- ❑ Video games and video gaming consoles
- ❑ Mouthwash or other toiletries containing alcohol
- ❑ Nutritional supplements, over-the-counter medications and herbal remedies****
- ❑ Cannabis or THC-containing products (CBD products must be sealed and show the certified distributor and prescribing physician).
- ❑ Open cigarette or e-cigarette/vaping products****

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.*

*** Large amounts of cash are the responsibility of the client. Safes are available at client request.*

****** All prescriptions are re-done by SCHC's pharmacist while clients are at SCHC. Outside prescription medications may be stored and returned to clients upon discharge. Unidentifiable and narcotic medications will be disposed of.***

***** 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.*

† 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.

‡ 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:**