

Sunshine Coast Health Centre

# ADMISSION PACKAGE

PART 2 OF 2



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





# 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<sup>1</sup>. Additional costs may include, but are not limited to, the following: prescriptions, books, urine screens, off-site adjunct therapy, emergency dental work, post-discharge travel<sup>2</sup>, missed appointments with the psychiatrist or Medical Director, and 1:1 monitoring at an hourly rate when determined necessary by the clinical/medical staff. Clients who do not have valid provincial health plan coverage<sup>3</sup> will be charged for doctor visits, psychiatrist visits, and lab work. Payment for additional fees is due prior to client discharge.

<sup>1</sup> Costs for treatment are billed as one item and services within cannot be separated for insurance claim purposes.

Inpatient Mental Health and Addictions Program <sup>1,2</sup>	
	Private Room
First 30 Days (minimum stay)	<input type="checkbox"/> \$985.00/day
After 30 Days	<input type="checkbox"/> \$935.00/day
Withdrawal Management Program <sup>2</sup>	
7 Days	<input type="checkbox"/> \$12,000.00
Alumni Program <sup>1,3</sup>	
_____ Days	<input type="checkbox"/> \$935.00/day

<sup>1</sup> Withdrawal Management separately charged. A surcharge of \$985 (\$935 for alumni) will be charged for each night in Withdrawal Management (approximately 3-5 days). Clients begin the mental health and addictions program once cleared from Withdrawal Management.

<sup>2</sup> Withdrawal Management medications including Suboxone Treatment not included. Additional charge for 1-on-1 exclusive nursing care if required. <sup>3</sup> Clients registering for Alumni program must have previously attended our Mental Health and Addictions Program

## Agreement of Responsibility for Residential Treatment Extension Costs

I, \_\_\_\_\_ would be willing to consider an extension for residential treatment ("the Program") in the event an extension is supported by myself/client in treatment and my/their SCHC Case Manager:

- ☐ Yes, I would be willing to support a clinically recommended extension. Please contact me prior to extension.
- ☐ No, I am not able to support a clinically recommended extension.

## ☐ Agreement Of Responsibility For Withdrawal Management Costs

I agree to pay Sunshine Coast Health Centre (2005) Ltd. for the full cost of \$985 per night (\$935 for alumni) while in withdrawal management at Sunshine Coast Health Centre\*.

If medical staff recommend client spend additional time in withdrawal management causing charges to exceed 5 nights (\$4,925 for new clients, \$4,675 for alumni), you will be contacted by the financial department prior to payment being processed.

\*Does not apply to 7-Day Withdrawal Management Program. 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 collected and reviewed by the medical director and re-packaged by SCHC's pharmacist. Narcotic and unidentifiable medications will be disposed of.

## ☐ 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:



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# 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) \_\_\_\_\_ CVV (3 digits): \_\_\_\_\_

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: \_\_\_\_\_



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 **Withdrawal Management Program** includes medical withdrawal, routine medical and nursing consultations, medical assessments, clinical check-ins, access to psycho-educational workshops, and group and individual activities (if stable).

The **Mental Health and Addictions Programs** 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, rTMS, meditation).

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 7-day Withdrawal Management 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 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. Clients are discouraged from arriving in personal vehicles for this reason.

**Clients who drive to our campus will have their vehicle valeted to an off-site location until they leave.** Clients do not have access to the valet location at any point. A weekly rate of \$50 will 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)\*\*\*
- ☐ 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, Incense, 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<sup>†</sup> (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.<sup>‡</sup>

**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.

**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 have their vehicle searched upon arrival and will be required to store their keys with administration until they leave. Limited parking is available. A weekly parking rate of \$50 may apply.

*\* 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: