

Sunshine Coast Health Centre

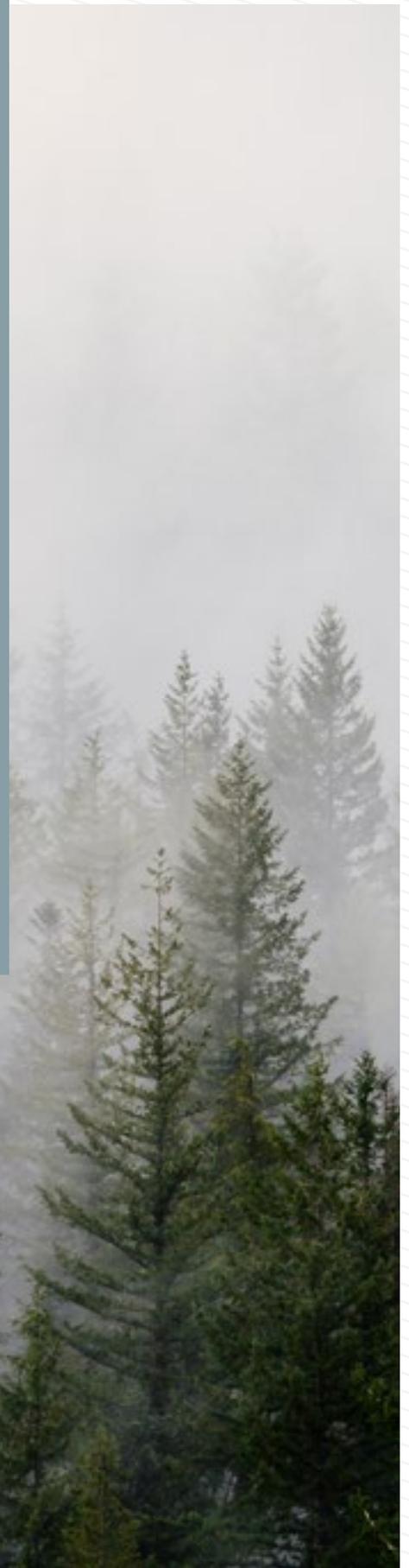
# rTMS ADMISSION PACKAGE

---

OUTPATIENT  
AND ALUMNI  
Self-referred



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



## Repetitive Trans-cranial Magnetic Stimulation

Sunshine Coast is pleased to offer a promising and safe technology for clients with mental health issues—repetitive trans-cranial magnetic stimulation (rTMS) therapy.

## What to Expect

rTMS, also known as intermittent theta burst stimulation (iTBS), has demonstrated efficacy for the treatment of major depressive disorder, posttraumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), generalized anxiety disorder (GAD), schizophrenia with auditory hallucinations, impulsive decision making, and gambling addiction. A study found rTMS significantly improved working memory. Currently, researchers are examining the efficacy of rTMS therapy for treating concurrent depression and alcohol use disorders.

## Free from Side Effects

Unlike antidepressants, rTMS is free from common side effects such as weight gain and sexual or cognitive dysfunction, is non-invasive, and requires no anesthesia. The world's largest randomized controlled TMS trial to date found that 49% of the patients responded to the treatment and 32% achieved full remission of symptoms associated with major depressive disorder.

## Magnetic Pulses Regulate Mood

An rTMS session involves the placement of an electromagnetic coil against the client's scalp, near the forehead. A magnetic pulse stimulates nerve cells in the area of the brain that regulates mood. Patients may resume daily activity right after treatment. In 2002, TMS therapy was approved by Health Canada.

Sunshine Coast Health Centre uses the Express TMS<sup>®</sup> device manufactured by the Danish company, MagVenture. In 2018, MagVenture received US Food and Drug Administration (FDA) clearance for Express TMS<sup>®</sup>. Express TMS is the only product approved by the FDA to deliver 3-minute theta burst stimulation (TBS), which is equivalent to rTMS.

rTMS sessions are available to both clients of Sunshine Coast Health Centre and the Georgia Strait Women's Clinic. A typical rTMS treatment course using Express TMS<sup>®</sup> is 10 to 20 sessions.



## Agreement of Responsibility for rTMS Treatment Costs

I, \_\_\_\_\_ agree to pay Sunshine Coast Health Centre (2005) Ltd. for the full cost of rTMS 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<sup>1</sup>, and missed appointments with the psychiatrist or Medical Director. Clients who do not have valid provincial health plan coverage<sup>2</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> 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.

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

rTMS Treatment Program Fee Schedule	
Session Costs	
Self-Referring Clients and Alumni	\$45/session (approximately \$225/day based on 5-session average)*

\* per day rate may be more or less based on psychiatrist recommendations

CONTINUED ON NEXT PAGE

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) \_\_\_\_\_ CVV \_\_\_\_\_

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

We require a 48-hour cancellation notice otherwise one day's rate will be charged. A client will also be charged a full day's rate even if they only attended one session that day.

I have read and agree to these terms.

Initial:	Date:
----------	-------