

Admission Package

Part 2 of 2



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 Program¹. 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, and 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 coverage² will be charged for doctor visits, psychiatrist visits, and lab work. Payment for additional fees is due prior to client discharge.

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

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

	Private Suite	Length of Stay
Self-referral	<input type="checkbox"/> \$1,135.00/day	_____ days
Alumni	<input type="checkbox"/> \$1,085.00/day	_____ days

¹ 30-day Minimum. Fees for the Inpatient Addiction and Mental Health Program do not include nights in withdrawal management. The per diem rate will be charged for each night in the withdrawal management (approximately 3-5 nights). Clients begin Mental Health and Addictions Program once discharged from withdrawal management. Withdrawal management medications including Suboxone Treatment not included. Additional charges may be applied if 1-on-1 exclusive nursing care is required.

² 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 \$1,135 per night (\$1,085 for alumni) of time spent in the withdrawal management at Georgia Strait Women's Clinic.

If medical staff recommend client spend additional time in withdrawal management causing charges to exceed five nights (\$5,675 for new clients, \$5,425 for alumni), you will be contacted by the financial department prior to payment being processed.

All fees are GST and PST exempt.

Continued on next page

I have read and agree to these terms.

Initial:

Date:

☐ **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 Inpatient Treatment at Georgia Strait Women's Clinic. 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 GSWC'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 Georgia Strait Women's Clinic.

- ☐ 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 GSWC
 - Travel costs for client and GSWC 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 Georgia Strait Women's Clinic and been admitted to the Powell River General Hospital and cannot return to GSWC afterwards for any reason, the Safe Exit Plan will be implemented.

The funder will be notified when it is determined by the team 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 GSWC 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 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: _____

Service No. _____

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 Georgia Strait Women's Clinic expects the client to complete the Program. As part of this understanding, I am expected to promptly advise GSWC 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 GSWC 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 Funder, and the Financial Administrator on behalf of GSWC. GSWC 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. For further info, please feel free to contact Admissions toll free 1.866.487.9040.

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 7-day Medical 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: _____

Glossary and Terms

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 specialty 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 your place 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 other 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, and Meditation).

The **Alumni Program** includes all services provided in the Mental Health and/or Addiction Program, except for travel assistance in Vancouver. Alumni Program clients must have first completed the Addiction or Trauma Program.

Travel Assistance

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.

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.

Vehicle Use & Parking

Personal vehicle use is not permitted while clients are in our treatment programs. We encourage you not bring your personal vehicle for this reason. **Clients who drive to our campus will have their vehicle valeted to an off-site location until they leave.** You will not have access to the valet location at any point. A weekly parking rate of \$50 will apply.

I have read and agree to these terms.

Initial:

Date:

Preparing for your stay

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)***
- ☐ 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 or 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***

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.

I have read and agree to these terms.

Initial:

Date:

Continued on next page



* 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 GSWC's pharmacist while clients are at GSWC. 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.

Visitors: Family members are welcome to visit Saturdays and holidays from 12:00 to 5:00 PM. Visits must be arranged ahead of time.

Vehicles Use and Parking:

Personal vehicle use is not permitted while clients are in our treatment programs. We encourage you not bring your 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.

I have read and agree to these terms.

Initial:

Date:

Mailing Address for Letters and Packages:

Client's Name
c/o Georgia Strait Women's Clinic,
2174 Fleury Road, Powell River, BC,
Canada V8A 0H8