

REFERRAL PACKAGE – PRIVATE CLIENTS

Once a complete referral package has been received and reviewed, acceptance for admission will be confirmed by phone or fax.

- Referral Form, completed by the Referral Agent
- Letter to Physician, Medical Form and Pharmacy Medication Form completed by the Family Physician
- TB Test Results, written confirmation of negative TB test results, within last 12 months
- Methadone/Suboxone maintained clients: Information sheet and Treatment Contract
- Access to Pharmanet Agreement
- Financial Commitment Form completed by Referral Agent**
 - A – Self or Third Party
 - C – Private or Out of Country/Province & Refund Policy
- Handouts for Client**
 - Informed Consent for Assessment & Treatment
 - Acknowledgement of Informed Consent for Assessment & Treatment
 - 12 Week program – Pacifica Treatment Centre Program Description, Client Admission Information, Admission Requirements, & Family Program Information.
 - Access to Pharmanet - Patient Information/Questions and Answers

ADMISSION CRITERIA

- ❖ Adult men and women (minimum age 19 years). *Pregnant women have priority admission.*
- ❖ **Pacifica is a non-smoking facility** (see additional page for details)
- ❖ Generally, clients are not accepted if on *sedative-hypnotics* including benzodiazepines as they are contraindicated in chemically dependent clients. *Opiate analgesic* use in chemically dependent patients is often problematic and chronic pain is best managed without these medications. Exceptions will need to be reviewed by our physician before referral is further processed.
- ❖ Clients with concurrent disorders *require a current psychiatric assessment, a current addictions counsellor and must be stabilized on current medication. Pacifica may require a client to be connected to a Mental Health Team.*
- ❖ Clients must not have been in a correctional facility within six months of application. Exceptions can be made if client is in structured support recovery for three months and is therapy-ready.
- ❖ For their own safety and the safety of others, clients with an eating disorder must not act in ways that put their own health at risk or in ways that trigger or distress other clients while in treatment.

| 12 WEEK PROGRAM ADMISSION CRITERIA | SHORT-STAY (4-8 WEEK) PRIVATE CLIENTS |
|---|---|
| <ul style="list-style-type: none"> • Must be medically/mentally stable. Detox must be complete and client not still on a medication withdrawal regime. • Minimum 72 hours alcohol & drug free. At the discretion of staff we reserve the right to not admit a client if medically unstable and/or exhibiting signs of acute withdrawal. 14 days is the preferred minimum in order to get the most from the program. Note: all private clients are administered a urine screen at intake. • Appropriate for a mixed-gender groups and living environment. • Ability to understand and verbally communicate in English • In case of early discharge client must have housing in place. | <ul style="list-style-type: none"> • Must be medically/mentally stable • Minimum 14 days alcohol & drug free before admission/interview. Note: all private clients are administered a urine screen at intake. • Ability to participate in an intensive group therapy program. • No court dates or other appointments that would require missing program. • Appropriate for a mixed-gender groups and living environment. • Ability to understand and verbally communicate in English • In case of early discharge client must have housing in place. |



Please note: Pacifica is a smoke-free facility.

1. No smoking is allowed in the building or on Pacifica property.
2. Smoking in the building is grounds for discharge.
- 3. Clients may smoke outside of the building on free time only:**
 - Please note that free time during the week and the first two weekends is limited.
4. Smoking cessation workshops are offered during treatment.
5. It is recommended that clients quit or begin smoking cessation prior to admission:
 - It is the client's responsibility to pre-arrange nicotine replacement products such as the patch, nicotine gum/lozenges, and medication.
 - A free 3 month supply of nicotine replacement products is available through Pharmacare for all BC residents each year – call your local pharmacy to make arrangements.
 - If a client has already used their 3 months free supply, please contact your doctor, as an additional supply may be approved, with a doctor's recommendation, if a person is going into a treatment program.

If you have any questions, please call Pacifica at 604-872-5517 and ask to speak to the intake worker or a counsellor for more information. Thank you.

Admission Dates:

Continuous Intake for all clients based on bed availability.

Discharge Dates:

VCH referred clients discharged after 12 weeks of treatment.
Self-Pay clients discharged after minimum 4 weeks of treatment completed.
Self-Pay clients may opt to stay up to 12 weeks.

Family Program Dates:

The Family Treatment Program is offered for your family, friends, and other support to attend and participate in the clients' treatment program. Children 16 years and older may attend. **Please invite your guests as soon as possible so they may make the necessary arrangements to attend.** A counsellor will call each guest that you have invited on your Family Day Program Participants Form to answer questions and give pertinent information. Visitors may join clients for lunch at Pacifica at a cost of \$8.00 each. **Please inform your counsellor the Friday *before* Family Day, so the kitchen has enough lunches prepared.**

Family Program Days occur every 4 weeks on Mondays 9am-4pm (except Stat Holidays)

Dates for 2018

*NB Tuesday, November 13

December 10

Dates for 2019

January 7

February 4

March 4

April 1

April 29

May 28

June 24

July 22

August 19

September 16

October 15

November 12

December 9



PACIFICA
treatment centre

1755 East 11th Avenue Vancouver, B.C. V5N 1Y9
Telephone: 604 872-5517 Fax: 604 872-3554 Toll Free: 1 866 446 0668

Promoting health & recovery from addiction.

REFERRAL FORM

(To be completed by the Referral Agent only)

Referring to: 12 Week Government Funded (use VCH referral forms) 4-12 weeks Private Pay or EAP

Referral Agent: _____ Service Provider No.: _____

Agency: _____ Agency Code: _____

Agency Address: _____
Address City Postal Code

Agency Phone: _____ Ext. _____ Agency Fax: _____

DETOX ONLY: Date of Admission: _____ Date of Discharge: _____

CLIENT NAME: _____ DATE REFERRED: _____

PHONE NO.: _____ LEAVE MESSAGE: NO YES MALE FEMALE TRANSGENDER

ADDRESS: _____
Street City Postal Code

AGE: _____ DATE OF BIRTH: _____ SIN: _____ PHN: _____
DAY/MON/YEAR

Relationship status: _____ No. of Children _____ Children living with client? _____

ADDICTION HISTORY

| Substance | Years of Use | Date last used | Substance | Years of Use | Date last used |
|-----------|--------------|----------------|-----------|--------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

*****Note: Minimum 72 hrs alcohol & drug free for 12 week program.
Minimum 14 days alcohol & drug free for 4-8 week program.**

Other addictions: Smoking Gambling Shopping Exercising Sex
 Other _____

PREVIOUS DETOX AND OTHER TREATMENTS
Names of Agencies & Date(s)

DAY
TREATMENT: _____

RESIDENTIAL: _____

OUTPATIENT
COUNSELLING: _____

DETOX _____

SUPPORTIVE RECOVERY

READMISSION TO PACIFICA? NO YES IF YES, PRIOR ADMISSION DATE: _____

HEALTH

I. PHYSICAL

Height: _____ Weight: _____

Current physical conditions (including dental), treatment and diagnosis: _____

Has client had any seizures in past year? No Yes If yes were seizures withdrawal related? No Yes

Please describe history and date of last seizure: _____

Is client pregnant? No Yes If yes, when is due date? _____

Does client have any disabilities? If yes, please describe: _____

Does client have any special dietary needs? No Yes _____

(Please note that Pacifica cannot support the nutritional needs of vegan clients at this time)

Does client have any special physical/medical needs not yet identified? No Yes _____

II. PSYCHOLOGICAL

DSM Diagnosis, as per psychiatrist: _____

Copy of required psychiatric assessment (within past year) enclosed? No Yes to follow needs to be completed

Does client have a history of disordered eating? No Yes anorexia bulimia bingeing purging

If yes, active? No Yes Is client currently receiving treatment? No Yes If yes, from whom? _____

Please note that clients with an eating disorder must not act in ways that put their own health at risk or in ways that trigger or distress other clients while in treatment.

Does client have a history of self-harm/self-mutilation? No Yes If yes, active? No Yes

Does client have a history of suicide attempts? No Yes If yes, means & dates of last attempts: _____

III. MEDICATIONS

List **ALL** prescription and over the counter medications including supplements.

IV. MEDICAL/DENTAL/SPECIALIST APPOINTMENTS

Type of appointment(s): _____ Date(s): _____

Name(s) of Practioner(s): _____ Address(s): _____

Does client have literacy issues? No Yes → Reading Writing Comprehension

FUNDING

Source: A-MSD or ADS B-Private Pay (Indicate either A, or B)

HOUSING

Does this client have safe accommodation after treatment? Yes No

In the event of early discharge, will the client be returning to a safe environment? Yes No

Reminder: In order to be admitted out-of-town clients must bring with them a return bus or flight ticket.

LEGAL ISSUES

No Yes If yes, court dates or charges pending must be deferred until after treatment for most clients. A letter from the lawyer needs to confirm this postponement before this referral is processed.

Parole or probation appointments need to be authorized for phone contact.

(Exceptions may be made for 12 week clients).

Current situation: Charges pending for: _____

Parole Probation

Court Dates: _____ Required written confirmation of deferral attached. No Yes

Details re: custody of children (i.e., Apprehended? Number of times apprehended? When?)

Court Dates: _____ Required written confirmation of deferral attached.

Please note that clients must not have been in a correctional facility within six months of application. Exceptions can be made if client is in structured support recovery for three months and is therapy-ready.

Dates of last sentence served in jail if applicable: _____

TREATMENT INFORMATION

1. How often have you seen this client (No. of times, duration, missed appointments, e.g. weekly for 3 months)?

2. Please indicate if client has any of the following issues that may affect their participation in an intensive mixed gender setting?

- defensiveness shyness past history of abuse current history of abuse anger
- charges for violence charges for sexual assault charges for spousal assault

Please explain: _____

3. What are this client's strengths/resources? _____

4. Does this client participate in 12 step/self help groups? No Yes

5. Has this client participated in group therapy in the past? No Yes If yes, where and what type?

6. Does the client understand that therapy groups may be co-ed? YES Would Prefer Same Gender Groups (if available)

- | | | |
|---|---|--------------------------|
| 7. Motivation for treatment (Please check all that apply.) | Pressure from social worker | <input type="checkbox"/> |
| Dealing with a crisis through sobriety | Condition for regaining custody of child. | <input type="checkbox"/> |
| Pressure from spouse, family or friends | Condition of employment | <input type="checkbox"/> |
| Suggested by counsellor/psychologist | Recommended by lawyer | <input type="checkbox"/> |
| Condition of probation | Recommended by physician/psychiatrist | <input type="checkbox"/> |

What are the client's goals/expectations from treatment? _____

Are there any relevant issues that the counselling team should know regarding the focus of your work with this client?

I HAVE ASSESSED THIS CLIENT AND CONFIRM HIS/HER APPROPRIATENESS FOR TREATMENT IN A MIXED GENDER FACILITY.

ASSESSMENT COMPLETED BY: _____

RELEASE OF INFORMATION: I hereby give my consent for Pacifica Treatment Centre to contact my referring counsellor to exchange information in discussing my assessment, admission and/or the course of my treatment at Pacifica:

Client Signature: _____ Date: _____



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Dear Doctor:

Your patient is currently being assessed for admission to Pacifica Treatment Centre for the treatment of chemical dependency. **Please complete and return to us the accompanying medical form as this documentation is required before we can consider your patient for admission.** Please note that as Pacifica is not a medical facility, clients must be detoxed prior to admission and be medically stable both mentally and physically. Frequently clients need to attend residential detox or complete a tapered withdrawal under medical supervision. Clients with less than 72 hours will not be admitted. Pacifica reserves the right to not admit a client if the client appears medically unstable and/or exhibits signs of acute withdrawal. Private clients are urine screened upon arrival.

The first 2-4 weeks are specifically designed to assist those clients who have completed the detox process but need a longer period of stabilization during the Post-Acute Withdrawal Phase. Beyond this initial period the program is designed on an intensive group therapy model and requires that clients be physically, emotionally and mentally able to fully participate. Private pay who have the option of a shorter duration of treatment require a minimum of two weeks abstinence, or will need to extend their stay to build in that sobriety before engaging in the intensive treatment phase.

In accordance with our Community Care Licensing requirements all medications must be ordered from **Safeway Pharmacy** which is our designated pharmacy. Medications will be dispensed by Safeway Pharmacy in the approved Pacmed packaging on a weekly basis and administered by Pacifica staff as prescribed. Safeway Pharmacy must dispense all prescription medications, non-prescription medications and any supplements. Pacifica will only administer antidepressant and antipsychotic medications on a fixed dose schedule, not on a PRN basis. Clients are responsible for the weekly cost of these medications and supplements and for their associated dispensing fees. Clients requiring medication should receive an adequate prescription to sustain them through treatment.

Regarding Methadone and Suboxone, please provide a minimum 4 week prescription. For long term stable dose patients a 12 week script would be appreciated. However, the Pacifica physician can prescribe Methadone and Suboxone. Dosage adjustments may be made during the treatment period if appropriate, but this is determined on the basis of clinical assessment. We do not taper patients off maintenance therapy while they are in Pacifica. Bridging prescriptions are provided if appropriate upon discharge. Methadone and Suboxone are dispensed by daily witnessed ingestion at Safeway pharmacy.

Pacifica provides basic OTC medications for minor ailments subject to pre-approval on the standing order form – see enclosed form. Please review and document your approval on that form. Any other OTC meds or supplements will need to be prescribed by the on-site physician. We generally do not allow multiple vitamin supplements, herbal medications, or protein/caloric powders or drinks. In order to avoid the problems caused by multi-doctoring, Pacifica will review Patient Pharmanet prior to admission.

The following medications are not permitted in Pacifica: opioids other than Methadone or Suboxone; Stimulants; Sedative hypnotics (benzodiazepines and Z-drugs), and sedating antihistamines. Kadian will be considered if medically required.

Yours truly,
Dr. Mark Viljoen, MBBCh
Medical Consultant

| |
|---|
| <p>Safeway Pharmacy, 1780 E. Broadway Vancouver, B.C. V5N 5Y3 Telephone # 604-879-0505 Fax # 604-873-6144</p> |
|---|



Treatment contract for clients on Methadone/Suboxone Maintenance due for admission to Pacifica

Name of client _____

PHN#: _____

I understand that I will be eligible for admission only if I meet all admission criteria

I understand that the “**physician report**” must be completed by my Methadone/Suboxone prescriber who will be made aware of the conditions for admission to Pacifica treatment centre and may be contacted by the Pacifica designated pharmacist.

I understand that I must be on a sufficiently stable dose to ensure that I am not experiencing opioid withdrawal symptoms or unmanageable cravings. I also understand that this means that I am not excessively sedated so as to preclude active participation in the program.

Methadone/Suboxone will be treated like any other medication and Methadone/Suboxone maintained clients will be fully integrated into the program. The focus of treatment is on the acquiring of non-chemical coping skills and the development of relapse skills and will not focus on the merits of Methadone/Suboxone maintenance.

I understand that I will be maintained on my dose of Methadone/Suboxone for the duration of my stay at Pacifica and Methadone/Suboxone will **NOT** be allowed to taper during this time. Any adjustments to my dose level during treatment will be the result of the physician’s clinical assessment and not my preference to taper.

In most cases Methadone/Suboxone will continue to be prescribed by my regular Methadone/Suboxone prescriber while I am at Pacifica and dispensing will be switched from my regular pharmacy to the designated Pacifica pharmacy for the duration of my stay at Pacifica. Methadone/Suboxone will be administered daily under supervision by the local pharmacist or a Pacifica staff member. I understand that I am expected to bring in a Methadone/Suboxone prescription that will **start the day after** my admission and to last for a minimum one month period. Alternatively, my physician may make arrangements for the required script to be sent directly to the Safeway pharmacy.

I understand that “split dosing” is not allowed at Pacifica unless there is a clinically verified need for this. Lacking such evidence, I will be maintained on a once daily witnessed ingestion regime.

If I am discharged prematurely for non-compliance or if I choose to leave before the program is completed Pacifica staff will no longer be responsible for my Methadone/Suboxone. It will then be my responsibility to contact my Methadone/Suboxone prescriber to arrange a new prescription. If authorized by the Pacifica physician it may be possible to continue receiving Methadone/Suboxone for a few days after discharge to allow for the transition to a new provider/pharmacy. At the end of the normal treatment process I understand that I will be able get a bridging prescription to facilitate my smooth transition to my previous or a new provider.

I have read and agree with the above terms and conditions.

Signed: _____ Witness: _____ Date: _____
Client Referral



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PHYSICIAN'S REPORT

PLEASE ENSURE THAT PATIENT SIGNS CONSENT ON BOTTOM OF SECOND PAGE

Name of Patient: _____

Past relevant medical history: _____

Current medical problems: _____

Past psychiatric history: _____

Current psychiatric conditions: _____

Name of Psychiatrist, if applicable: _____

Hospitalizations with dates: _____

Allergies: _____ Requires Epipen: Yes No

Current Medications (including over the counter medication and supplements):

Please ensure indications for medications are noted above.

Medication *please print*

Dose and frequency

ALL MEDICATIONS & SUPPLEMENTS MUST BE CALLED IN OR FAXED TO SAFEWAY PHARMACY PRIOR TO PATIENT'S ADMISSION. (Please refer to accompanying Physician's letter for details)

N.B. It is the responsibility of the patient to inform the prescribing physician of their confirmed admission date.

History of Seizures: Yes No Withdrawal related Organic

Client has had a TB Test (either skin or x-ray) within the last 12 months. Yes No

If Yes, Type of test: _____ Result _____ Date _____ **Physician Initial:** _____

If no, client referred to: _____ Date: _____

Before we can consider your patient for admission, Pacifica must receive written confirmation of a negative TB test result administered within the past 12 months.

Client has received the H1N1 Vaccine? Yes No

Client is medically and physically able to participate in an intensive group counselling program. Yes No

B.P.: _____ Pulse: _____ Weight: _____

Cardiovascular Exam: _____

Respiratory Exam: _____

Abdominal Exam: _____

Other relevant findings: _____

If clinically indicated:

| | | | | | | | | | | | |
|--------------|-----|--------------------------|-----|--------------------------|---------|--------------------------|--------------|-----|--------------------------|----|--------------------------|
| HIV serology | Pos | <input type="checkbox"/> | Neg | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | Symptomatic? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hep B | Pos | <input type="checkbox"/> | Neg | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | Symptomatic? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hep C | Pos | <input type="checkbox"/> | Neg | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | Symptomatic? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Are you the client's regular physician? Yes No

Are you the prescribing physician? Yes No

Will you be continuing to prescribe for this patient? Yes No

Physician Signature: _____ Date: _____

Physician Name (**please print**): _____

Address: _____

Office Telephone: _____

I hereby give my consent for Pacifica Treatment Centre staff to communicate with my physician.

Client signature: _____ Date: _____

**PACIFICA TREATMENT CENTRE
STANDING ORDER MEDICATIONS**

CLIENT NAME _____ DATE _____

MEDICATION ALLERGIES: _____

Physician must indicate whether or not the following medications can be administered to the above client by initialling the appropriate box for each medication.

| Indication | Medication & Dosage | Instructions | Physician Initials | |
|--|--|--|--------------------|----|
| | | | Yes | No |
| PAIN Headache, Mild Muscle or Joint Pain Fever (eg. Cold) | Ibuprofen (Advil) 200mg - 1-2 tablets every 4-6 hrs PRN with food Acetaminophen (Tylenol) extra strength 500mg – 1-2 tablets every 4 -6 hrs PRN Max: 3000mg/24 hrs | <ul style="list-style-type: none"> Give for 48 hrs only for any complaint If persistent, contact physician | | |
| COUGH | Nin Jiom 5–10 ml (1-2 tsp) every 4 – 6 hrs PRN | <ul style="list-style-type: none"> Give for 48 hrs If persistent, contact physician | | |
| NAUSEA / VOMITING Lasting more than 6 hrs | Ginger Gravol – 2 tabs three times daily PRN Dimenhydrinate - 50mg 3 times daily PRN *contact Dr before administering | <ul style="list-style-type: none"> Give for 48 hrs If persistent, contact physician | | |
| INDIGESTION Complaints of burning epi-gastric pain | Calcium Carbonate (Tums) 1 or 2 Max 8/day | <ul style="list-style-type: none"> Give for 48 hrs If persistent, contact physician | | |
| CONSTIPATION | Lactulose 20-40 ml daily | <ul style="list-style-type: none"> Contact physician if condition worsens or persists | | |
| DIARRHEA | Loperamide 2mg – 2 tablets 3 times daily as needed *contact doctor before administering | | | |
| NALOXONE | 0.4 – 0.9 mg. q 5-10 minutes Intramuscular injection PRN x 3 doses as per facility policy | <ul style="list-style-type: none"> intramuscular injection as required in the event of an opiate overdose | ✓ | |

Physician Name _____ CPSID # _____

PHYSICIAN SIGNATURE _____ DATE _____

This Standing Medication Order is in effect for one year from date signed

ATTENTION: Physician/Referral Agent

An information sheet on Methadone/Suboxone maintained clients at Pacifica

Methadone/Suboxone maintained clients are eligible for admission to the Pacifica residential treatment program if they meet all other admission criteria. Refer to Pacifica admission criteria.

The “physician report” must be completed by the Methadone/Suboxone prescribing physician and should include all relevant medical, psychiatric and addiction history.

Methadone/Suboxone maintained clients must be on a stable maintenance dose prior to admission to Pacifica Treatment Centre. This implies that they are at an appropriate dose to suppress opioid withdrawal and minimize/prevent craving. It also implies that they have become tolerant to the sedative effects from the Methadone/Suboxone and able to fully participate in the program.

Adjustments to the Methadone/Suboxone dose will only be made on the basis of clinical need, and not on a client’s desire to taper off maintenance therapy. Once the initial script has been completed subsequent scripts for Methadone/Suboxone will be managed by the on-site physician for the duration of the patient’s stay.

Methadone/Suboxone maintained clients will not be admitted until the arrangements have been made for the dispensing at Safeway Pharmacy. At discharge, the designated Pacifica pharmacist will cancel the current prescription and the patient will be required to transition back to their previous provider or to make arrangements with a new prescribing doctor.

If Methadone/Suboxone maintained clients are discharged early for non-compliance or if they choose to withdraw from the program it will be considered the patient’s responsibility to contact his/her physician for a new prescription. With approval of the Pacifica’s physician the prematurely discharged patient may be eligible for continued dispensing at Pacifica’s pharmacy for a few days to allow time to consult with their Methadone/Suboxone prescribing physician.

In general terms Methadone/Suboxone will be treated like any other medication which is medically indicated and Methadone/Suboxone maintained clients will be fully integrated into the program. The focus of treatment is on the acquiring of non-chemical coping skills and the development of relapse skills and will not focus on the merits of Methadone/Suboxone maintenance. All prospective Methadone / Suboxone maintained clients will be asked to review the conditions outlined above and to confirm that they agree with these conditions of their admission.



Treatment contract for clients on Methadone/Suboxone maintenance due for admission to Pacifica

Name of client _____

PHN#: _____

I understand that I will be eligible for admission only if I meet all admission criteria

I understand that the “**physician report**” must be completed by my Methadone/Suboxone prescriber who will be made aware of the conditions for admission to Pacifica treatment centre and may be contacted by the Pacifica designated pharmacist.

I understand that I must be on a sufficiently stable dose to ensure that I am not experiencing opioid withdrawal symptoms or unmanageable cravings. I also understand that this means that I am not excessively sedated so as to preclude active participation in the program.

Methadone/Suboxone will be treated like any other medication and Methadone/Suboxone maintained clients will be fully integrated into the program. The focus of treatment is on the acquiring of non-chemical coping skills and the development of relapse skills and will not focus on the merits of Methadone/Suboxone maintenance.

I understand that I will be maintained on my dose of Methadone/Suboxone for the duration of my stay at Pacifica and Methadone/Suboxone will **NOT** be allowed to taper during this time. Any adjustments to my dose level during treatment will be the result of the physician’s clinical assessment and not my preference to taper.

Methadone/Suboxone will continue to be prescribed by my regular Methadone/Suboxone prescriber while I am at Pacifica and dispensing will be switched from my regular pharmacy to the designated Pacifica pharmacy for the duration of my stay at Pacifica. Methadone/Suboxone will be administered daily under supervision by the local pharmacist or a Pacifica staff member. I understand that I am expected to bring in a Methadone/Suboxone prescription that will start the day after my admission and to last for a minimum one month period. Alternatively, my physician may make arrangements for the required script to be sent directly to the Safeway pharmacy.

If I am discharged prematurely for non-compliance or if I choose to leave before the program is completed Pacifica staff will no longer be responsible for my Methadone/Suboxone. It will then be my responsibility to contact my Methadone/Suboxone prescriber to arrange a new prescription. If authorized by the Pacifica physician it may be possible to continue receiving Methadone/Suboxone for a few days after discharge to allow for the transition to a new provider. At the end of the normal treatment process I understand that I will be able get a bridging prescription to facilitate my smooth transition to my previous or a new provider.

I have read and agree with the above terms and conditions.

Signed: _____ Witness: _____ Date: _____
Client Referral

Patient Information – Access to Pharmanet

In 1995, the Ministry of Health introduced Pharmanet, a secure computer network linking all community pharmacies throughout the province, in an effort to protect the health of British Columbians.

Pharmanet provides complete information about all prescriptions dispensed to you anywhere in B.C. This enables pharmacists to more effectively monitor your drug therapy and prevent potentially harmful interactions, unintended duplications and drug fraud and abuse.

In 1997, the Ministry of Health extended Pharmanet access to doctors beginning with doctors working in hospital emergency departments. In 1999 approval was given for access by doctors while working in a medical practice (pilot project).

Pharmanet may only be accessed by authorized health care providers. Complete and up-to-date information about a patient's medication history, made available through Pharmanet, enhances the doctor's ability to carry out effective diagnosis and treatment.

Pharmanet has been developed by B.C.'s Ministry of Health in consultation with health professionals and the public. The service is managed by the Ministry of Health with input from the College of Physicians and Surgeons of B.C., the B.C. Medical Association and the College of Pharmacists of B.C.

Pharmanet Increases Your Safety

Each year, thousands of British Columbians are hospitalized as a result of negative reactions to medication. For seniors, the studies show that *one out of every four seniors* admitted to hospital in B.C. is admitted because of medication interactions, duplications or misuse of prescription drugs. Pharmanet will help doctors provide quality care, where for a variety of reasons a patient may not be able to provide complete and detailed information about the medications they are taking. With Pharmanet, health care professionals will have at their fingertips the information they need to make important decisions about the best treatment to provide.

Pharmanet Protects Your Privacy

Pharmanet complies with B.C.'s law to protect individual privacy - the Freedom of Information and Protection of Privacy Act. Strict conditions of access have been established by government and professional colleges, in particular the College of Physicians and Surgeons of B.C. Information obtained from Pharmanet must be treated with the same confidentiality provisions as all other health records. **If you have concerns about confidentiality, you can attach a "keyword" to your file which will limit access.** You may change your keyword at any time at any community pharmacy. Please be aware that use of a keyword may compromise care should a person be unwilling or unable to divulge the keyword.

You may request a copy of your Pharmanet medication profile as well as a record of all accesses to your Pharmanet file at any community pharmacy.

Questions & Answers

Access to Pharmanet

Q Who may access my medication information through Pharmanet?

A Physicians working in a medical practice or authorized staff acting on the request of the physician may access your medication profile in conjunction with an office visit or consultation. Physicians working in an emergency department or authorized staff acting on the request of the physician may access your medication profile while providing treatment in the emergency department. Pharmacists are authorized to access Pharmanet in the course of dispensing a prescription to you.

Q I have a keyword on my Pharmanet file. What if I choose not to provide it to the physician?

A Information about your medication history may be important information for the physician treating you. If you choose not to provide the physician with your keyword the physician will make the best treatment decisions possible, using the information that is available.

Q I have a keyword on my Pharmanet file. What if I am incapacitated while I am in the emergency department?

A If the physician treating you in the emergency department determines that access to your profile is necessary in order to diagnose and treat you effectively, the physician may have your keyword reset. You will be informed that your keyword has been reset.

Q I would like more information about Pharmanet. Who should I contact?

A For information about the use of Pharmanet in an emergency department or medical practice please ask to speak with the local Pharmanet contact person.

For general information about Pharmanet call the Pharmanet Help Desk at:

604-682-6849 Greater Vancouver
250-952-2866 Victoria
800-554-0250 Toll-free

Or write to:

Pharmanet, Ministry of Health and
Ministry Responsible for Seniors
2nd Floor, 2659 Douglas St.
Victoria, B.C., V8T 4M3



Ministry of Health

**MEDICAL PRACTICE
ACCESS TO PHARMANET AGREEMENT**

PHARMANET

Patient Consent to Access Pharmanet

The Province of British Columbia has established the provincial computerized pharmacy network and database known as "Pharmanet" pursuant to section 37 of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, R.S.B.C. 1996, c. 363, and which may be continued pursuant to section 13 of the *Pharmacy Operations and Drugs Scheduling Act*, S.B.C., 2003, c. 77 should it be proclaimed in force during the term of this Agreement.

I, authorize **Dr. Mark Viljoen, MBBCh, Medical Consultant**
Pacifica Treatment Centre
1755 East 11th Avenue
Vancouver, B. C.

and persons directly supervised by him/her to access my personal health information contained within Pharmanet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me.

I understand that withdrawal of this consent must be in writing and delivered to the above-named physician.

Executed at _____, this _____ day of _____, 20__.

SIGNED AND DELIVERED by

Patient (print)

in the presence of:

Witness (signature)

Patient (signature)

Witness (print)

(dated)



1755 East 11th Avenue Vancouver, B.C. V5N 1Y9
 Telephone: 604 872-5517 Fax: 604 872-3554 Toll Free: 1 866 446 0668
Promoting health & recovery from addiction.

B - FINANCIAL COMMITMENT FORM
PRIVATE, OUT OF COUNTRY/PROVINCE, SELF AND THIRD PARTY
TO BE COMPLETED BY REFERRAL AGENT

Client Name (Please Print): _____ Telephone: _____

4 – 12 WEEK TREATMENT FOR PRIVATE PAY CLIENTS: Short Stay (Private Pay) treatment is a minimum of 28 days. Clients are encouraged to extend their treatment time if possible to a maximum of 84 days.

SELF PAY/THIRD PARTY/EAP/UNION/EMPLOYER/OUT OF PROVINCE OR COUNTRY TREATMENT FEES: \$250 per day. Clients entering treatment must have payment of their treatment fee confirmed and written authorization submitted to Pacifica prior to admission. Treatment fees are payable by company cheque (personal cheques not accepted), bank draft, money order, Mastercard or Visa upon admission or when invoiced. **Please note that confidentiality agreements are observed with the client receiving treatment—unless otherwise contracted, information shared with the paying party is limited to admission and discharge details.**

ADMINISTRATION FEE: A \$500 non-refundable administrative fee is required when a reservation is made for a private pay treatment bed at Pacifica. If the client does not show up for admission or is refused admission for any reason there will be no refund.

REFUND POLICY: If a client should discharge early either voluntarily, involuntarily or due to medical reasons we will refund the balance of payment less an early discharge fee of 14 days. Clients who leave less than 14 days from their scheduled discharge date will receive no refund. **Refunds are payable only to the payee.**

| SOURCE | AMOUNT | FORMS REQUIRED |
|--|--------|--|
| <input type="checkbox"/> Employee Assistance Program or Union or Employer <i>Contact:</i> _____ <i>Address:</i> _____ | \$ | Letter from EAP/union/employer confirming either exact amount or maximum amount authorized PLEASE NOTE IT IS THE CLIENT'S RESPONSIBILITY TO ENSURE THIS AUTHORIZATION IS RECEIVED BY PACIFICA IN ORDER TO CONFIRM ADMISSION DATE _____ Telephone _____ Fax _____ |
| <input type="checkbox"/> Client (Self-pay) | \$ | Money order, Certified cheque, Bank draft, Credit Card payment on admission. NO PERSONAL CHEQUES OR CASH ACCEPTED |

Total \$

| CONSENT FOR RELEASE OF INFORMATION | |
|---|---|
| <p>TO BE SIGNED BY CLIENT: (mandatory if a third party is paying) For the purpose of confirming and collecting payment, I hereby give permission to Pacifica Treatment Centre to contact and/or confirm admission and discharge details to:</p> | |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Employee Assistance Program, Union or Employer |
| <input type="checkbox"/> Other: _____ | Date: _____ |
| _____ Client Signature | _____ Witness Signature |

Promoting health & recovery from addiction.

Client Name: _____ Admission Date: _____

Source of Funding: Self _____

Employer/Insurance/3rd party _____

Refund/Deposit Policy for Private Pay (4-12) Weeks

- A \$500 non-refundable administrative fee is required to hold a private bed
- If a client does not show up for admission or is refused admission for any reason there will be no refund on the fee.
- The balance of payment is due on admission date. Minimum charge is 28 days.
- If a client leaves early the balance of treatment fees less 14 days will be refunded. This includes voluntary, involuntary or medical discharge.
- Refunds are made only to the person or organization that actually paid the fee.
- While we are aware that occasionally a family member, employer or other third party may be paying all or part of the treatment fees the contract remains between Pacifica Treatment Centre and the client.
- Information shared with the paying party is limited to admission and discharge details.
- Client confidentiality will be maintained regardless of who pays the treatment fee.
- Receipt of payment indicates acceptance of the refund policy.

I acknowledge that I have read and understood the deposit and refund policies at Pacifica.

Signed: _____ Date: _____
(client signature)

Signed: _____ Date: _____
(payee signature if not the client)

Print Name: _____

Informed Consent for Assessment & Treatment

REVIEWED WITH CLIENT BY REFERRAL AGENT

Pacifica Treatment Centre is a residential treatment program offering three months (12 weeks) of treatment. We also have a number of aftercare support groups that individuals can participate in. This document will give you information about what we offer, our policies around confidentiality and about our expectations for clients who are part of our programs. Please read this carefully. If you have questions, please ask the staff person interviewing you. We will ask you to sign our included *Acknowledgement of Consent for Treatment* indicating that you have received this document and had the opportunity to read and discuss it. **Please note that confidentiality agreements are observed with the client receiving treatment—unless otherwise contracted, information is not shared with the paying party.**

OUR RESPONSIBILITY

Our Training and Approach to Treatment

All of the counsellors at Pacifica Treatment Centre have a Master's Degree in Counselling or Social work and/or extensive experience working with addiction from a research-based psychological perspective. The Program Supervisor also has a Master's Degrees in Counselling to support the supervision and direction of staff. Master's level practicum student counsellors also provide counselling services under the supervision of senior staff. Our Client Care Workers work around the clock to provide support and structure for clients and visitors to the building. All Pacifica staff and volunteers are bound by our agency's Policies and Procedures, Code of Ethics and Standards of Practice.

We work with our clients to assess the treatment needs and goals they have, and help them create a specific plan for their treatment. We use an approach to counselling that examines all aspects of the individual – their thinking and emotions, their physical body and social connections, as well as their spirituality – that is, their sense of purpose, values, meaning and worth, and sense of connection to something larger than themselves.

Instruction: We provide fundamental education about addiction and recovery, and about factors that can make people more vulnerable to addiction, as well as the skills that can strengthen their recovery.

Therapy: As well, we work in therapy groups where clients can share experiences, explore their personal habits and reactions, and begin the process of identifying and healing areas of concern in their lives, or practice new coping skills or changes in behaviour.

Special Presentations and Volunteer Services: A number of other individuals and groups offer clients at Pacifica valuable services and training including yoga, integrated energy healing, poetry, meditation and other workshops, as well as information about topics like sexual health, employment and concurrent disorders. AA offers weekly meetings for clients, and we are including an introduction to the SMART and Lifering programs in our schedule. There are also a number of groups available to clients who have completed treatment, including Alumni support groups, 16 Step groups and Seeking Safety groups.

COPY FOR CLIENTS

Limits to the role of counsellors: Counsellors at Pacifica have rules to guide our decisions and behaviours and to protect clients and counsellors. They cannot be your supervisor, or sponsor or have any other dual relationship with you. Counsellors are not allowed to give legal, medical or financial advice, but can make referrals to these kinds of services. In order to protect confidentiality, counsellors may not approach or address you in a public place after treatment, unless you approach them first. We are not permitted to give or receive gifts from clients (except tokens or cards with personal meaning to the therapy).

12 weeks of TREATMENT

Grounding and Stabilization: For the first two to four weeks, the focus of this period is helping clients with at least 72 hours alcohol and drug free create more stability in their lives. We provide assessment and preparation for more intensive therapy, individual counselling and group education focused on increasing stability, and an opportunity to begin the recovery process.

Growing in Intensive Therapy: Once clients establish two weeks or more of sobriety the focus is intensive education, individual counselling and group therapy to help identify both short and long-term recovery issues, develop an understanding of addiction and recovery, and build basic recovery skills that can be used in the client's personalized plan for recovery after treatment.

Going Forward and Transition: During approximately the last four weeks of treatment, the clients continue to participate in instruction, individual and group therapy, but also take on the additional tasks of preparing to return home, waiting for a bed in a support recovery house or new housing. Counsellors encourage clients to follow through with their plans for recovery and integrating their learning.

CONFIDENTIALITY

At Pacifica we take the confidentiality of our clients very seriously. This section describes our policies regarding confidentiality for both staff and clients.

Individual and Group Therapy Confidentiality:

At Pacifica, protecting all of our clients' right to confidentiality is of paramount importance. All persons who enter the premises must adhere to our confidentiality policy. This means that the identity of our clients is protected and all staff, volunteers, students, clients (and visitors to our facility such as family members, contractors, alumni, and prospective clients) are asked and expected to not break confidentiality by identifying anyone at Pacifica or by sharing any personal or identifying information with anyone outside of Pacifica. We ask clients to keep personal information discussed in therapy groups private to that group. Pacifica cannot guarantee confidentiality on the part of other group members, although we emphasize and encourage it.

No information gathered about a client by staff will be released outside Pacifica without the client's written consent (exceptions are listed below). Supervisors, counsellors and other Pacifica staff do work together as a team to provide the best service to clients. Issues or information disclosed by a client in instruction, individual or group therapy may be discussed professionally with other members of our team in supervision, team meetings or staff meetings.

Record keeping

The laws and standards of our profession require that we keep information about our clients in a client file. Client files include information about your reasons for seeking treatment, a description of the ways in which your problem affects your life, your goals for treatment, your progress toward those goals, your medical and social history, your treatment history, any past treatment records we receive from other providers, reports of any professional consultations, and copies of reports sent to anyone. You will be informed which documents that you fill out will be copied to your file.

COPY FOR CLIENTS

You may examine and/or receive a copy of your client file, if you request it in writing, except in unusual circumstances that involve danger to yourself and/or others when another individual (other than another health care provider) is referenced and we believe disclosing that information puts the other person at risk of substantial harm. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We therefore recommend that you initially review them in the presence of your counsellor, or have them forwarded to another mental health professional so you can discuss the contents. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.

Your client file also contains a set of progress notes written by your counsellor which are for his or her own use and designed to assist your counsellor providing the best treatment. These notes are not routinely released to others except under rare legal circumstances.

Exceptions and Limitations to Confidentiality:

- All BC citizens must report current child abuse and/or neglect to the Ministry of Children and Families.
- The Ministry of Children and Family Development has the legislated right to request a client's file if that client is involved in a child protection case.
- If a client is suicidal, the counsellor must do everything she can to save the client's life, including calling family, a doctor, or in the extreme case, the police.
- If a client is homicidal or presents a danger to someone else, the counsellor must do everything that can be done to intervene.
- If a client is continuing to drive while impaired, the counsellor must inform the Division of Motor Vehicles.
- Counsellors called to court by subpoena must go, and if their notes are subpoenaed they must take them with them.
- Clients may also give written consent, or request information from their file.

Drug Testing Policy:

If a client undergoes a drug screen, all clients within the community will be notified of the drug screen as well as the result of that drug screen. This is to create safety within the community and prevent gossip.

Program Evaluation:

Data is collected throughout treatment to develop statistics to show a picture about the people we serve and treat. Some information comes from client files and other information comes from self-report questionnaires. These statistics help us make decisions about the program(s) we offer and also help us to be accountable for the funding we receive from government and the community. This information is summarized statistically so that names cannot be identified and your information remains confidential.

Complaints:

Any complaints or concerns will be addressed first by counsellors. Then, if still unresolved or of a more serious nature, will be dealt with by the program supervisor, and finally by the Chief Operating Officer and Board of Directors. Information about how to address complaints to our Vancouver Coastal Health licensing officer will also be made available. (Contact information listed below).

*Licensing Officer Residential Care
Community Care Facilities Licensing
1200-601 West Broadway
Vancouver, BC V5Z 4C2
Vancouver Coastal Health
Phone: 604-675-3856*

Photographs & Video Cameras:

Digital pictures will be taken at admission in order to help staff identify and track new clients. These images will be kept as part of the client file and will not be accessible except to staff. Clients are not permitted to take pictures at Pacifica.

In order to better protect clients and reduce security concerns in the building, Pacifica has installed video cameras to monitor common areas. Residence hallways, the building entrance, the courtyard and the loading door at the back of the building will be digitally monitored using clearly visible video cameras. Video records will only be reviewed by Pacifica staff in the event that a security issue has been raised (for example, concerns about drug use, theft, pairing, client absences, etc.). Video records of behaviour that breach the rules at Pacifica can be used to support staff decisions to discharge clients or as a basis for client contracts. Concerns about the use of video cameras at Pacifica can be discussed with your counsellor. Client confidentiality is very important at Pacifica, and video camera footage will be treated by the same rules as written records and will not be used to break confidentiality, except those limitations to confidentiality required by law.

CLIENT RESPONSIBILITIES

Role of Clients – participation expectations:

At Pacifica, you will be expected to fully participate in all treatment activities to the best of your ability. This includes being alert, involved, responsible, respectful and willing during instruction sessions, group therapy, evening videos, group outings, and other program activities. You will be expected to be on time for all activities and to comply with the rules and guidelines of the program.

You are also expected to be completely alcohol and drug free (a minimum of 72 hours for 12 week program and a minimum of 14 days for Short Stay Private Pay) before coming into the program, and to refrain from any alcohol or drug use while in treatment. Alcohol or drug use or use of unauthorized medications are grounds for discharge.

Other grounds for discharge from the program include: Inability or unwillingness to fully participate in the program, violence, threats, aggression, intimidation to other clients or staff including all forms of discrimination (i.e., sexism, racism, homophobia), smoking in the building, theft, or inappropriate behaviour such as sexual contact with other clients or the development of exclusive relationships and behaviours that can be interpreted as such.

Treatment is work. This means openly sharing thoughts and feelings, honestly reporting disruptive behaviour (including your own), and exchanging helpful feedback with other group members.

Treatment has potential emotional risks. Approaching feelings, thoughts or memories you have tried not to think about for a long time can be painful. Making changes in your beliefs or behaviours can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with your counsellor or instructor to be a source of strong feelings, some of which can be painful at times. It is important to consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that treatment is helpful.

It is also important to recognize that during treatment there may be issues that arise that are not suitable for group process. Your counsellor may discuss limits and containment of some issues in group. Talk to your counsellor if you have questions about issues that you have concerns about. Sometimes treatment is an opportunity to identify issues that will need longer term counselling as part of recovery plans following treatment. Your counsellor may be able to help you plan for specific support services following treatment.

If you have questions about what happens or is planned to happen in treatment, you are expected to take responsibility for asking your counsellor or other staff member for the information you need.

Welcome to our program and please accept our best wishes for your success.

THIS PAGE ONLY

COPY FOR CLIENTS AND COPY SENT WITH REFERRAL FORM BY REFERRAL AGENT



1755 East 11th Avenue Vancouver, B.C. V5N 1Y9
Telephone: 604 872-5517 Fax: 604 872-3554 Toll Free: 1 866 446 0668

Promoting health & recovery from addiction.

**ACKNOWLEDGEMENT OF INFORMED CONSENT FOR
ASSESSMENT AND TREATMENT**

SIGNED BY CLIENT AND COPY SENT WITH REFERRAL FORM BY REFERRAL AGENT

By signing this form, I, _____ acknowledge and affirm that I have read Pacifica’s Informed Consent for Assessment and Treatment information and had the opportunity to discuss any questions with a referral agent and/or staff member. I was given sufficient information to understand the nature of treatment and I consent to the assessment and treatment procedures described.

I understand my rights and responsibilities, including the risks to treatment and agree to participate in all aspects of the Pacifica program.

I agree to follow Pacifica’s confidentiality policy in protecting the rights of all clients here.

I acknowledge and accept the stated limits and exceptions to confidentiality described.

I am aware that video cameras are used in the resident’s hallways and at the building’s front and back entrances to better protect client’s safety and increase building security.

My signature affirms my informed voluntary consent to receive assessment and treatment at Pacifica.

Client name (print) _____

Client signature: _____ Date: _____

Referral or Pacifica Staff signature: _____



Pacifica Treatment Centre

1755 East 11th Avenue, Vancouver, B.C. V5N 1Y9

| What to bring | | Medications | |
|--|--|---|--|
| <ul style="list-style-type: none"> • Bathrobe • Alarm clock, towel, face cloth, toiletries, soap, shaving kit, Kleenex • Any mouthwash must be alcohol-free (e.g. Clear Choice) • Enough clothing for at least one week (clothing should be comfortable, modest, and conservative - no tank tops, muscle shirts, or short shorts) • Comfortable walking shoes, rain wear or umbrella, loose clothing for yoga, conservative swim suit/swim shorts if you wish to swim. • Reading material, pens and pencils. You may bring a radio, CD player (cannot be combined with cell phone) for personal use only. • <u>Do not bring</u> a cell phone, pager, TV, stereo, computer, camera, DVD, MP3 player or electronic equipment • <u>Do not bring</u> bleach or hair dyes into the building due to possible spillage and damage • <u>Do not bring</u> perfume/cologne or perfumed hairsprays due to allergy/asthma reactions • <u>Do not bring</u> personal food (special dietary foods are allowed if approved by Pacifica prior to admission). • Laundry detergent can be purchased on site. | | <p>In accordance with our Community Care licensing requirements, all medication must be ordered before coming to Pacifica from <u>Safeway Pharmacy</u> which is our designated pharmacy. Medications will be dispensed in the approved Pacmed packaging on a weekly basis. Safeway Pharmacy must dispense all prescription medication, non-prescription medications, and any supplements. Clients are responsible for the weekly cost of these medications and supplements, and for their associated dispensing fees. Clients requiring medication should receive an adequate supply to sustain them through treatment.</p> | |
| | | <h2>Methadone</h2> | |
| | | <p>Clients on Methadone must arrange for methadone to be dispensed at Safeway's Pharmacy, where it will be administered under supervision.</p> | |
| Outside Appointments | Visiting Restrictions & Weekend Schedule | | |
| <p>We ask that you attend to all outside appointments with physicians, psychiatrists, dentists, and any business or other agencies prior to your admission. If you expect to receive money from MSD please arrange to have the cheque mailed. <u>There will not be unscheduled time for you to pick up cheques or deal with other business during the week.</u> Some exceptions and special arrangements may be made to help clients deal with outside appointments.</p> | <p>There is no visiting during the week, but clients may have visitors on the weekend from Friday 6:30 - 8:00 p.m., Saturday and Sunday from 1:00 - 4:00 p.m.</p> <p>Clients gradually get more time where they can leave the building during the 12 weeks. In the first few weeks, excursions are not permitted except with a Pacifica volunteer, staff person, or approved group. All outings will be discussed, planned and arranged ahead of time with staff. After about 5 weeks, more flexibility and autonomy is given to clients. At this point, it is possible to arrange to spend days or weekends at home. Curfew time for all clients on weekend passes is 7:30 p.m. Sunday evening.</p> | | |
| | <h2>Parking</h2> | <p>Parking is not available. Therefore, we ask you not to bring your vehicle. Bicycles are not allowed.</p> | |
| Telephone Calls | | Valuables | |
| <p>Please inform friends or family that our policy of respecting your confidentiality does not permit staff to give out any information or acknowledge that you are here. Also please inform friends or family that staff will accept emergency calls only. You can make limited out-going personal calls from 5:00 - 10:00 p.m. weekdays and 7:00 a.m. - 10:00 p.m. weekends.</p> | | <p>Please do not bring excessive money or valuables. If you do, you will be responsible for their safekeeping. We do not provide safekeeping for monies or valuables.</p> | |



Pacifica Treatment Centre

1755 East 11th Avenue Vancouver, B.C. V5N 1Y9

Program Description


| Welcome to 12 weeks at Pacifica! | Program Themes |
|--|--|
| <p>Congratulations!</p> <p>You are about to embark on a remarkable journey. Not a journey to another country, but to a place inside yourself.</p> <ul style="list-style-type: none"> ▶ Pacifica is a 90 day residential program, with closed intensive therapy groups every month. Some clients will be participating for a Short Stay (4-8 weeks). ▶ Admissions are split into smaller, gender-specific or co-ed therapy groups. ▶ Our instruction sessions, workshops and videos have been chosen to provide the most useful and practical information we know of to help you learn about yourself. ▶ Pacifica focuses on group therapy to provide feedback, understanding, support and a safe environment to explore issues and cope with feelings. ▶ Working with mind, body, and spirit, Pacifica uses a comprehensive, client-responsive approach that honours the individual's sense of self in terms of thoughts, feelings, physical health, family and community. ▶ Ongoing recovery is not just about stopping the use of mood-altering substances, but is also about making positive lifestyle changes necessary to create a balanced, stable and happy life. ▶ All clients attend a closed weekly in-house AA and NA meeting, a Lifering and a SMART meeting. ▶ All clients are encouraged to attend additional 12 Step groups in the community during the weekends | <p><u>Joining Pacifica's Therapeutic Community</u></p> <ul style="list-style-type: none"> ▶ Building working therapy groups. ▶ Examining alcohol & drug use and its impact. ▶ Learning skills for craving management & relapse prevention. <p><u>Accepting the Consequences of Your Addiction</u></p> <ul style="list-style-type: none"> ▶ Learning About denial. ▶ Involving family & others in the healing process. <p><u>Understanding the Forces Associated With Addiction</u></p> <ul style="list-style-type: none"> ▶ Examining the influence of family & past experiences on you & your addiction. ▶ Making connections between self-defeating learned behaviours & addiction. ▶ Recognizing & practising changes necessary for your growth. <p><u>Developing Individual Strategies for Ongoing Recovery</u></p> <ul style="list-style-type: none"> ▶ Making a concrete, specific plan for ongoing recovery based on a greater knowledge and acceptance of your addiction and yourself. ▶ Making a full commitment to recovery. |
| <p>For more about Pacifica, go to our website: www.pacificatreatment.ca</p> | |
| <p style="text-align: center;">Family Program</p> | |
| <p>At Pacifica, we see the importance of including family members and significant others in your recovery program. We have created a Family Program, held on each fourth Monday.</p> <p><u>Family Day Themes:</u></p> <p>The morning session provides education to clients and their guests about addiction, denial, and the impact of addiction on the family and family dynamics. Or it focuses on further information about the stages of recovery and actions necessary to prevent relapse.</p> <p>In the afternoon, visitors join clients in their groups and talk about the impact of addiction or about recovery and related issues.</p> | |



Pacifica Treatment Centre

1755 East 11th Avenue, Vancouver, B.C. V5N 1Y9

Admission Requirements

| Treatment Fees | T.B. Tests | Physician's Report |
|---|--|---|
| <p>When completing the referral package have your referral agent complete the appropriate Financial Commitment Form choosing either:</p> <p>A - Self and Third Party, or B - Private and Out of Country/Province</p> <ul style="list-style-type: none"> All treatment fees are payable on admission by bank draft, certified cheque or money order. Funding must be confirmed before a client is given an admission date. If a third party is paying i.e. EAP, union, employer, etc. written confirmation of this funding must be received prior to admission. If someone else such as a family member, your employer, insurance agent, or union is paying — ask them to call and confirm this with the office manager or intake worker one week prior to admission. | <p>Pacifica must have written confirmation before your admission that you have had your TB test done. Begin this process immediately as it often requires a week to complete, especially if you test positive. You will then need a chest x-ray to confirm that you do not have active T.B.</p> <p>Health regulations require that all Pacifica residents have had a negative Tuberculosis Test in the last 12 months or clear chest x-ray if unable to have a skin test. Do not have a skin test if you have previously tested positive.</p> <p>You will not be admitted to Pacifica without this documentation.</p> | <p>Remember to give your Doctor the medical form. Ask your Doctor to mail or fax it back to us. Your application will not be considered until we receive your physician's report.</p>  <p>Ask your Doctor to fax your prescriptions to Safeway Pharmacy, which is our designated pharmacy. Methadone prescriptions also go to Safeway's Pharmacy. Medications will be dispensed in the approved Pacmed packaging on a weekly basis. Safeway Pharmacy must dispense all prescription medications, non-prescription medications and any supplements. Clients are responsible for the weekly cost of these medications and supplements, and for their associated dispensing fees. Please note that if you take any non-prescription supplements, vitamins or regular over-the-counter medication, your doctor will need to add an explanation on their report along with the T.B. test results.</p> |
| | <p>H1N1 Vaccine</p> <p>We recommend that all clients coming to Pacifica (especially pregnant women) get the H1N1 Vaccine before admission. At admission we will take the temperature of clients who appear to have the flu. If you have a fever <u>and</u> flu symptoms you <u>will not be admitted</u> to protect the community.</p> <p>Clients who develop flu symptoms while in treatment will be isolated in their rooms for two days, the usual length of the illness. If individuals continue to be sick longer than that, they will be discharged.</p> | |

Do everything you can to protect your sobriety and honour the decision you made not to use any further mood altering substances prior to your admission date.