



Informed Consent for Behavioral Health Therapy Services Agreement

Welcome to The Bridges Program (“TBP”). This Agreement (“Agreement”) sets forth the terms and conditions under which TBP shall provide professional services to you (“Client”). By executing this Agreement, Client acknowledges, understands, and agrees to be legally bound by the provisions contained herein.

1. **Acknowledgment and Consent.** Client affirms that they have read and fully understood the contents of this Agreement. Client shall have the opportunity to raise questions prior to execution and at any time thereafter. Execution of this Agreement constitutes informed consent to receive services from TBP in accordance with the terms herein.
2. **Nature of the Relationship.** The therapeutic relationship is governed by defined rights and responsibilities of both Client and TBP. Such rights and responsibilities are set forth in this Agreement and are integral to the provision of services.
3. **Client Rights and Responsibilities.** Client is entitled to certain rights and accepts certain responsibilities as a participant in psychotherapy. These rights are subject to legal limitations as prescribed by applicable law, regulation, and professional standards.
4. **TBP Responsibilities.** TBP acknowledges and accepts its corresponding obligations to Client as established under this Agreement and as required by applicable law.
5. **Governing Provisions.** The rights, responsibilities, limitations, and obligations of both parties are described in detail in the sections that follow and shall constitute binding contractual obligations upon execution.

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I. Services

Client acknowledges and understands that participation in psychotherapy may involve both potential benefits and inherent risks.

1. **Risks.** Psychotherapy may elicit uncomfortable emotional responses, including but not limited to sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Such experiences may occur as a natural result of discussing and processing challenging or distressing aspects of Client's personal history, relationships, or current circumstances.
2. **Benefits.** Psychotherapy has been demonstrated to provide meaningful benefits to individuals, which may include, but are not limited to: reduction of psychological distress, improvement in interpersonal relationships, enhancement of self-awareness and personal insight, development of coping and stress management skills, and the resolution of specific personal concerns. Notwithstanding the foregoing, TBP makes no guarantees or warranties, express or implied, regarding specific outcomes or results of psychotherapy.
3. **Client Participation.** Psychotherapy requires an active and sustained effort by Client. The effectiveness of treatment is contingent, in part, upon Client's willingness to engage fully in the therapeutic process.
4. **Treatment Modalities.** TBP offers various therapeutic approaches, including but not limited to Equine-Assisted Psychotherapy and Therapeutic Horsemanship, both of which constitute experiential forms of psychotherapy. In such modalities, horses may be incorporated into sessions as part of the therapeutic process. For purposes of this Agreement, "experiential" shall mean that Client will engage in structured, hands-on interactions designed to reflect and address aspects of Client's life circumstances. These interactions are intended to provide opportunities for problem-solving, discovery, creativity, insight, and the practical application of therapeutic concepts.
5. **Process.** Client acknowledges that experiential modalities may not always involve direct dialogue with the treatment team, though such interactions will occur as appropriate. The process is designed to emphasize active participation ("doing") in conjunction with verbal processing ("talking"), thereby enhancing the therapeutic experience.

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Equine-Assisted Services: Purpose, Benefits, and Risks

1. **Purpose of Equine Integration.** TBP incorporates horses into certain therapeutic modalities due to their unique characteristics as social and prey animals. Horses possess an extraordinary ability to perceive and respond to human nonverbal communication, including signals of which the Client may not be consciously aware. Their responses often parallel patterns found in Client's interpersonal relationships and life experiences, thereby facilitating the emergence of metaphors and symbols that can be therapeutically explored.

Horses are not influenced by factors such as Client's past, education, gender, race, or other identifiers. They respond in the present moment, absent of human-imposed biases, which provides additional therapeutic value and opportunities for personal insight.

2. **Risks Associated with Equine Activities.** Client acknowledges that equine-assisted services carry inherent risks due to the size, strength, and natural instincts of horses as

prey animals. These risks include, but are not limited to, the potential for accidents, injuries, or fatalities. Such risks have been disclosed verbally and in writing through TBP's Liability Release Form, which Client is required to review and execute as a condition of participation.

3. **Statutory Notice.** Pursuant to Kentucky law, specifically KRS 247.401 through KRS 247.4029, Client is hereby advised as follows:

“WARNING: Under Kentucky law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.”

Client affirms that they have reviewed and understand the statutory provisions of Kentucky Liability Law, including the signage posted at TBP property entrances (pasture/arena gate, barn, and/or riding entrance).

4. **Assumption of Risk and Release of Liability.** By executing this Agreement and the accompanying Liability Release Form, Client expressly acknowledges and assumes all inherent risks of participation in equine-assisted services and presence on TBP property. Client further agrees that TBP cannot and does not assume liability for accidents, injuries, or fatalities arising from equine-related activities or conditions on the premises.
5. **Responsibility for Guests.** Client accepts full responsibility for the conduct, safety, and actions of any family members, friends, or visitors who accompany Client onto TBP property. Such individuals are likewise subject to the terms and conditions of this Agreement and the posted statutory warnings.

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The Bridges Program follows the Circle MR Model of Equine Assisted Psychotherapy and Therapeutic Horsemanship which means:

1. **Facilitating Team.** All sessions are conducted by a facilitating team (“Treatment Team”) consisting of a Licensed Mental Health Professional or Certified Counselor (“MH Professional”) and a qualified Equine Professional (“EP”). Both professionals maintain specialized training, complete ongoing education requirements, and adhere to the highest standards of professional ethics and practice. Within the Treatment Team, the EP is responsible for overseeing physical safety and providing behavioral observations of the horses. The MH Professional is responsible for managing the psychotherapy process, integrating equine observations, and assisting Client in applying such insights to therapy goals and life circumstances.
2. **Nature of Sessions.** All sessions are conducted on the ground; horseback riding is not a component of the treatment process. While incidental learning about horses may occur, the primary focus is psychotherapy. Services are directed exclusively toward Client's therapeutic goals, and TBP is committed to employing methods and practices most conducive to achieving those goals.

3. **Therapeutic Approach.** TBP utilizes a client-centered, solution-focused approach. TBP affirms that Clients possess the capacity to identify solutions most appropriate to their own circumstances when provided a safe and structured therapeutic environment. The role of TBP, in collaboration with the horses, is to facilitate exploration, discovery, and application of individualized solutions.
4. **Interventions.** The MH Professional incorporates Best Practice and Evidence-Based interventions, as appropriate to Client's treatment plan and therapeutic needs.
5. **Ethical Standards.** TBP strictly adheres to the ethical standards established by the relevant Board of Licensure and/or Counseling Certification applicable to MH Professionals. The EP operates in accordance with the same ethical standards under which the MH Professional is licensed.
6. **Treatment Planning.** The initial two sessions shall focus on assessing Client's needs, establishing a treatment plan, and clarifying therapeutic goals and objectives. During this process, TBP will also address Client questions regarding diagnosis, treatment expectations, and estimated duration of services. The treatment plan shall be reviewed periodically to evaluate progress, address changes, and modify goals as appropriate. Client is encouraged to raise questions regarding procedures at any time during the course of therapy.

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Appointments and Cancellations:

1. **Session Duration and Frequency.** Standard appointments are forty-five (45) to fifty (50) minutes in duration and ordinarily occur once per week at a mutually agreed-upon time. Session frequency may be adjusted as clinically appropriate or mutually agreed.
2. **Cancellation Policy.** Client is required to provide no less than twenty-four (24) hours' advance notice to cancel or reschedule an appointment. Notice may be provided by telephone, email, or other method expressly agreed upon by TBP.
3. **Late Cancellation/No-Show.** In the event that Client fails to attend a scheduled session without prior cancellation, or cancels with less than twenty-four (24) hours' notice, Client shall be responsible for payment of the full session fee. Payment for the missed session is due prior to or at the beginning of the next scheduled appointment. Exceptions may be made only in the event of circumstances beyond Client's reasonable control, as determined at the discretion of TBP.
4. **Rescheduling.** TBP will make reasonable efforts to reschedule cancelled sessions at a mutually convenient time, subject to availability.
5. **Timeliness.** Client is responsible for arriving on time to scheduled appointments. Sessions will conclude at the originally scheduled time, regardless of Client's arrival time, and full session fees shall apply.

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Fees, Payment, and Professional Services

1. **Standard Session Fees.** The standard fee for individual, couple, or family sessions is One Hundred Fifty Dollars (\$150.00) per session. Payment is due at the time of the session, unless prior written arrangements have been made. Group session rates shall be determined on a case-by-case basis.
2. **Methods of Payment.** Payment may be made by check, payable to The Bridges Program, cash, or Venmo. TBP does not accept credit or debit card payments.
3. **Returned Checks.** Any check returned to TBP due to insufficient funds shall be subject to additional fees, as determined by current banking charges.
4. **Non-Payment and Collection.** Failure to remit payment for services rendered may result in TBP exercising its right to pursue collection through legal means, including the engagement of an attorney or collection agency. TBP reserves the right to terminate services for non-payment, provided that reasonable arrangements are made to ensure continuity of care and address treatment needs.
5. **Additional Professional Services.** In addition to scheduled appointments, Client shall be responsible for payment on a prorated basis for other professional services requested or required by Client. These services include, but are not limited to: report preparation, telephone consultations exceeding fifteen (15) minutes, attendance at meetings, or other professional services related to Client's care.
6. **Legal Proceedings.** If Client anticipates involvement in legal or court proceedings, Client agrees to fully disclose such circumstances to TBP prior to waiving confidentiality rights. Should TBP's participation be required in any legal matter, Client shall be responsible for professional fees, regardless of whether participation is compelled by another party. Fees for legal or court-related services shall be assessed as follows: a minimum of Five Hundred Dollars (\$500.00) for the first hour, and One Hundred Fifty Dollars (\$150.00) per hour for each additional hour.
7. **Insurance.** TBP does not accept insurance, nor is it affiliated with any insurance providers. All fees are the sole responsibility of the Client.

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Clinical Records and Confidentiality

TBP is required to maintain appropriate records of the therapy services provided. Client records are stored securely in accordance with professional standards and applicable legal requirements.

Records generally include, but are not limited to:

- Documentation of session attendance;
- Client's stated reasons for seeking therapy;
- Treatment goals and progress notes;
- Diagnostic information;
- Topics discussed during sessions;
- Relevant medical, social, and treatment history;
- Records received from other healthcare providers;

- Copies of records transmitted to third parties; and
- Billing and payment records.

All records are maintained to ensure continuity of care, comply with professional obligations, and facilitate administrative requirements.

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Confidentiality of Sessions and Records

All therapy sessions, session content, and Client records shall be maintained in strict confidence to the fullest extent permitted by law. Client will be notified in advance whenever disclosure of confidential information is required, and in such cases, only the minimum information necessary to comply with legal requirements or to secure payment will be disclosed.

Legal Exceptions to Confidentiality

Client acknowledges that confidentiality has legally mandated limitations. TBP may be required to disclose mental health information without Client consent under the following circumstances:

1. If TBP determines that Client poses a danger to self or others;
2. If there is a suspicion of abuse or neglect of a child, elderly individual, or incapacitated person; or
3. If disclosure is required by order of a court or other legal authority.

Environmental Considerations

Sessions may take place in an equine-assisted environment, which presents unique challenges to absolute privacy. While TBP cannot guarantee that the facility will be completely closed to others, all staff and personnel on-site are aware of therapy activities and will take reasonable steps to minimize interruptions, perform necessary work quickly, and vacate areas where sessions are conducted.

Additional Privacy Information

Information regarding Client privacy rights and protections is provided in a separate document entitled *HIPAA Notice of Privacy Practices*.

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Availability and Emergency Contact

TBP may not be immediately available by telephone. Calls are not answered during therapy sessions, except in the case of an emergency or as otherwise determined necessary. Clients may leave messages on TBP's confidential voicemail, and calls will be returned as soon as reasonably possible.

In the event that Client experiences a situation in which they feel unable to wait for a return call or perceives a risk to their safety, Client agrees to seek immediate assistance by contacting 911, visiting the nearest hospital emergency department, or requesting to speak with a mental health professional on call.

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Client Rights and Concerns

Client has the right to express concerns or dissatisfaction regarding any aspect of therapy. TBP encourages open communication and will address such concerns with care, respect, and professionalism. Client may request a referral to another therapist or terminate therapy at any time without penalty.

Client is entitled to receive considerate, safe, and respectful care, free from discrimination based on race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. Client also has the right to inquire about any aspect of therapy, including the qualifications, training, and experience of the treatment team.

Acknowledgment

By signing below, Client acknowledges that they have read, understand, and agree to the terms set forth in this Agreement.

Date: _____

Print Client Name: _____

Client Signature: _____

If Minor: Parent Signature/Legal Guardian Printed Name: _____

Agency of Personal Representative If Applicable: _____