

AGREEMENT FOR ADMISSION TO SANCTUARY CENTERS  
EQUINE TREATMENT PROGRAM

1. \_\_\_\_\_ (client) is admitted to EQUINE TREATMENT PROGRAM on the terms and conditions specified in this agreement. \_\_\_\_\_ (“Guarantor”) is the individual other than the Client, who promises to pay all charges pursuant to this Agreement.

FINANCIAL ARRANGEMENTS

Rates

2. (a) The client and/or guarantor, \_\_\_\_\_, shall pay the “Equine Treatment Services Fee” per the below specified rates.

**Please select a package from the following options:**

- Package 1: 12 sessions @ \$125/session for a total of \$1,500.00
- Package 2: 8 sessions @ \$135/session for a total of \$1,080.00
- Package 3: 4 sessions @ \$150/session for a total of \$600.00

Payments are due in advance for the Equine Treatment Services to be rendered.

Refunds

3. (a) The client must give the Program Director, Lauren Richardson, a 24-hour notice if a scheduled therapy will be missed in order to avoid being charged for that therapy. The client or guarantor is responsible for the charges if the commitment is not honored. If the client leaves a program without giving at least thirty (30) days written notice to the President/CEO, the client shall be charged for the scheduled services, based upon the client’s current level of service, effective from the date of leaving the facility.

(b) Early Termination Fee: If the client leaves the Program without giving at least thirty (30) days’ written notice to the President/CEO, the client will be charged the equivalent of a full month’s Equine Treatment Services fee, in the amount of the package selected from the above options, effective from the date of leaving the facility. The parties acknowledge and agree that this Early Termination Fee is reasonably related to the Facility’s actual loss due to such early termination and that such Fee is not punitive.

(c) If the client gives thirty days written notice to the President/CEO of the intent to leave the scheduled program(s), the client shall be liable for the entire month as previously billed.

(d) If the President/CEO gives notice to leave the program(s) to the client, the client shall be charged the equivalent of a full month’s Equine Treatment Services fee per above, effective from the date of notice.

(e) Any pre-paid sums shall be credited first toward payment of this fee and the remaining balance, if any, shall be credited to unpaid outstanding charges, and the remaining balance, if any after that, shall be returned to the client or guarantor as the case may be.

Financial Agreement

4. The undersigned agrees, whether he/she signs as client or a guarantor, that in consideration of the services to be rendered to the client, he/she hereby individually obligates himself/herself to pay the account of facility in accordance with the regular rate and terms of the facility. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney’s fees and collection expenses. Payments are due in advance for the Equine Treatment Services to be rendered.

## Nondiscrimination

5. The facility shall provide all services to clients without regard to race, color, national origin, ancestry, religion or sex.

## TERMINATION OF TREATMENT

### Voluntary

6. The client may terminate treatment in the program(s) by providing the President/CEO with thirty (30) days' written notice of intent to do so. The facility shall not be responsible for any adverse medical, psychological, or social consequences of client's voluntary termination of treatment at the facility.

### Involuntary

7. (a) Treatment at the facility may be terminated, upon thirty (30) days written notice to the client, if he or she:
  1. Fails to pay the monthly rate for outpatient services within ten days of the due date;
  2. Fails to comply with state and/or local law after receiving written notice of any alleged violation;
  3. Fails to comply with the general policies, rules and regulations of the program;
  4. Develops an unusual need that was not identified in the facility's pre-admission assessment of the client and for which the program is unable to provide.

(b) Treatment of the program may be terminated upon three (3) days written notice if the client behaves in a manner that, in the opinion of the President/CEO, constitutes a threat to the mental or physical health or safety of the client or of others in the program.

(c) THIS AGREEMENT MAY BE SUMMARILY TERMINATED BY THE FACILITY WITHOUT NOTICE PROVIDED THAT SUCH TERMINATION IS DUE TO THE CLIENT'S SERIOUS HEALTH CONDITION OR IS DUE TO THE CLIENT ENGAGING IN BEHAVIOR WHICH POSES AN IMMEDIATE THREAT TO PROPERTY OR SAFETY OF PERSONS, OR IS IN VIOLATION OF ANY LAW, RULE OR REGULATION.

(d) Any notice of termination from the President/CEO shall be served on both the client and the client's designated representative or placement agency.

## MODIFICATION OF AGREEMENT

### Rates

8. (a) The Equine Treatment Rates may be changed by the facility upon at least thirty (30) days prior written notice of the change to the client.

## RELEASE OF INFORMATION

9. The Equine Treatment Program shall respect client's right to confidential treatment of client's records. For the duration of client's participation in the Program, the Program Director may release information in its records as follows:
  - (a) In the case of client's transfer to another facility, to the extent necessary for client's treatment by that facility.
  - (b) As set forth in client's authorization for Release of Confidential Information
  - (c) To any person or corporation which is or may be liable, for all or any portion of the facility's charges (including but not limited to insurance companies, health care service plans, or workers' compensation

- carriers), to the extent necessary to determine liability for payment and to obtain reimbursement. Special permission is needed to release this information where the client is being treated for alcohol or drug abuse.
- (d) Client acknowledges that the California Department of Mental Health has the authority to examine client's medical, financial, and other records on file with the facility.

## RESTRICTIONS AND LIMITATIONS

### Limitations on Liability

10. Facility shall not be responsible and shall incur no liability for injuries of any kind which client may suffer, except where the injury is caused by negligence of the facility employees.

## GENERAL PROVISIONS

Entire Agreement. This Agreement represents the complete understanding of the parties with respect to the matters set forth herein, and there are no promises, terms, conditions or obligations other than those contained herein. All prior negotiations, understandings, conversations and communications are merged into this Agreement and have no force and effect other than expressed herein. Verbal changes have no effect on this Agreement.

Severability. If any term, provision or covenant of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining terms, provisions, and covenants of this Agreement shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

Choice of Law. The terms of this Agreement shall be governed by the laws of the State of California. The parties agree to submit to the exclusive jurisdiction of the courts located within the County of Santa Barbara, State of California, Anacapa Division, to resolve any legal matter arising from this Agreement.

Counterpart Execution. This Agreement may be executed in counterparts, all of which taken together shall be construed as one document. A photocopy of this Agreement shall be deemed to have the same force and effect as the original. In addition, a facsimile signature shall be deemed to have the same force and effect as the original.

Acknowledgements. Each party acknowledges that each has had an adequate opportunity to read and study this Agreement, to consider it, and to consult with attorneys if so desired.

Agency/Capacity. Each person signing below agrees and represents that each has the authority and legal capacity to enter into this Agreement and bind the parties listed herein.

THE UNDERSIGNED CERTIFIES THAT HE OR SHE HAS READ THE FOREGOING, AND HAS RECEIVED A COPY OF, THE EQUINE TREATMENT ADMISSION AGREEMENT AND IS THE CLIENT OR THE GUARANTOR, AUTHORIZED BY THE CLIENT TO ACT AS CLIENT'S GENERAL AGENT TO EXECUTE THIS AGREEMENT AND ACCEPT ITS TERMS.

Dated: \_\_\_\_\_

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
CLIENT'S GUARANTOR

\_\_\_\_\_  
SANCTUARY CENTERS

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Barry R. Schoer, President/CEO

\_\_\_\_\_  
CLIENT'S GUARANTOR

\_\_\_\_\_  
(Signature)