



BRIDGEPOINT
CENTER FOR EATING DISORDERS

**BRIDGEPOINT CENTER INC.
OUT-OF-PROVINCE SERVICES AGREEMENT**

This Agreement made induplicate this _____ day of _____ A.D. 20 ____.

BETWEEN:

(Name of Participant/Organization/Company Paying)

(Address) (hereinafter referred to as the "Payee")

- and -

BridgePoint Center Inc., P.O. Box 190, Milden, Saskatchewan, Canada S0L 2L0 (hereinafter referred to as "BridgePoint").

Whereas the Payee has agreed to have _____ (name of Participant/Client) enter BridgePoint's program and, BridgePoint is prepared to offer services as outlined herein.

- _____
Initial The Client is an **Adult** and will be entering one or more of the following programs as
as authorized by the Payee;
- _____
Initial The Client is an **Adolescent** and will be entering one or more of the following programs
programs as authorized by the Payee;
- _____
Initial Retreat Weekend Program of ____ Days;
- _____
Initial Module I Short Term Residential Rehabilitation Program of ____ days;
- _____
Initial Module II Short Term Residential Rehabilitation Program of ____ days;
- _____
Initial Special Program of ____ days;

Total number of programming days ____ @ CA \$450.00/day (four hundred and fifty dollars Canadian) = _____ is hereby authorized by the Payee.

Therefore, the parties agree as follows:

1. BridgePoint agrees to provide the Client the services as requested in consideration for the Payee delivering to BridgePoint the sum of CA \$450.00 per day for each program day requested, and if applicable Goods and Services Tax of 5%.
2. Payment of the fee to BridgePoint will be made as negotiated between the Payee and will be paid within 30 days of presentment of account to the Payee.



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3. In the event that the Client withdraws from the program, the Payee agrees to pay for services rendered to the date of withdrawal.
4. The Client and Payee agree to furnish BridgePoint with any and all documents and information that BridgePoint requests in connection with the due performance of BridgePoint's obligations under this agreement. The Client and Payee agree to work cooperatively and collaboratively with BridgePoint Team Members.
5. The Client and Payee hereby acknowledge that BridgePoint will not be held legally liable for any reason with respect to the services rendered under this agreement.
6. As BridgePoint stands in the position of a service provider to individuals having an eating disorder and as is privy to certain confidential documents and information respecting the well being of individual clients, therefore, it is agreed by all parties to this agreement that such information/documents shall not be disclosed by BridgePoint without the expressed written consent of the Client and BridgePoint first had and obtained.
7. BridgePoint requires that case managers be available for case conferencing during program days as requested by the Client and or BridgePoint.
8. BridgePoint has family and or Client support members attend BridgePoint during one weekend of the program.
9. It is acknowledged by the Client and the Payee that BridgePoint is not a medical facility and therefore is not in a position to accept Clients who are medically acute.
10. In its sole discretion BridgePoint may refuse to accept a Client for any reason without recourse.
11. This agreement will constitute the entire agreement between parties and supersedes and takes precedence over any other prior agreement.
12. All agreements will be governed and construed in accordance with the laws of the Province of Saskatchewan.

All covenants herein of two or more will be construed as being joint and several. In witness where of the parties hereto have hereunto set their hands and seals this _____ day of _____, A.D., 20____.

Name of Payee (Please print)

(Seal, if required)

Per: _____
(Authorized Signature)

BridgePoint Center for Eating Disorders Inc.

(Seal, if required)

Per: _____
(Authorized Signature)