

Brighter Horizons Center - Legal & Client Documents



**BRIGHTER
HORIZONS
CENTER**

Terms of Service

Terms of Service
Brighter Horizons Center
Effective Date: January 5, 2025

1. Scope of Services

Brighter Horizons Center provides counseling, mentoring, educational support, and related social services for adolescents and families. Services are provided in-person, by phone, or virtually, depending on the program.

2. Eligibility

Services are generally intended for teens and families experiencing behavioral, emotional, or social challenges. Intake assessments may be required to determine eligibility.

3. Code of Conduct

All clients and guardians must treat staff and other participants with respect. Threats, violence, harassment, or disruption of services may result in discharge from the program.

4. Consent and Confidentiality

Clients and guardians will receive and must sign a separate Client Consent Form and Counseling Disclosure Statement outlining rights, confidentiality, and limits to confidentiality under Texas law.

5. Termination of Services

Brighter Horizons Center reserves the right to terminate services if:

- The client is not actively participating
- Safety concerns arise
- Terms or rules of the program are violated

6. Minors

Consent from a parent or legal guardian is required for clients under the age of 18, unless otherwise permitted by Texas law.

7. Changes to Terms

We reserve the right to modify these Terms of Service at any time. Continued use of services implies acceptance of any changes.



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Client Consent Form

Client Consent for Services
Brighter Horizons Center
Effective Date: January 5, 2025

I, the undersigned, give consent for myself/my child to receive services from Brighter Horizons Center, which may include:

- Individual or group counseling
- Mentorship
- Educational and life-skills programs
- Family or crisis intervention

I Understand That:

Services are voluntary and may be discontinued at any time by myself or the provider.
Licensed counselors will maintain confidentiality in accordance with HIPAA and Texas law.
Confidentiality may be broken under these circumstances:

- Suspected abuse or neglect of a child, elder, or vulnerable adult
- Threats of harm to self or others
- Court order or subpoena

Rights of the Client:

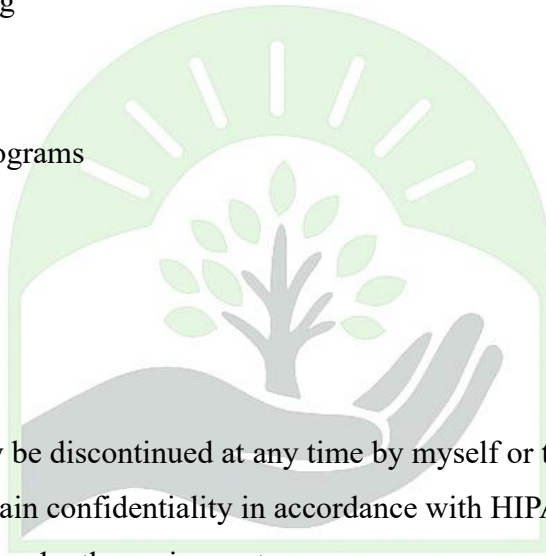
- To be treated with dignity and respect
- To participate in the development of the care plan
- To ask questions and voice concerns at any time
- To access my/my child's records upon request, subject to legal limitations

Client/Guardian Name: _____

Client Name (if different): _____

Signature: _____ Date: _____

Staff Witness: _____ Date: _____



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Counseling Disclosure Statement

Counseling Disclosure Statement
Brighter Horizons Center
Effective Date: January 5, 2025

Credentials

Counseling services at Brighter Horizons Center are provided by licensed professionals (e.g., LPCs, LMSWs) under the oversight of the Texas Behavioral Health Executive Council (BHEC).

License verification is available at: <https://www.bhec.texas.gov>

Nature of Counseling

Counseling may address issues such as:

- Anxiety, depression, or trauma
- Family or peer conflict
- Behavioral concerns
- Coping and communication skills

Risks and Benefits

Counseling can lead to growth, insight, and improved mental health. However, it may also bring up difficult emotions or require time to show improvement.

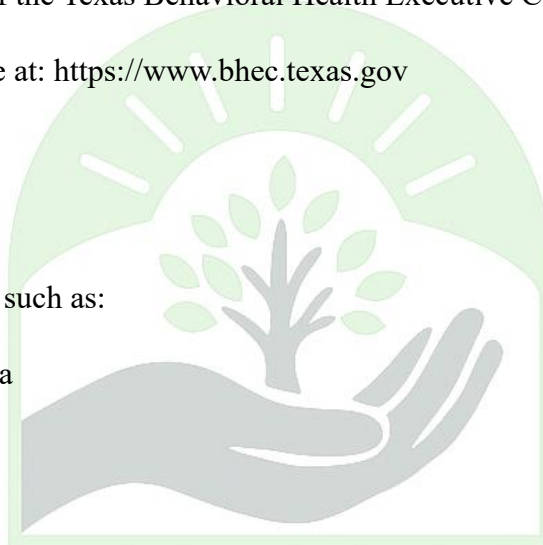
Confidentiality

Information shared in sessions is kept private, except in the following cases:

- You are a danger to yourself or others
- Suspected abuse or neglect
- A court orders the release of information
- Written consent is provided

Emergency Services

Brighter Horizons Center offers 24-hour crisis services on Sundays. For all other times, in case of emergency, call 911 or go to the nearest hospital.



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Client Responsibilities

Clients are expected to:

- Attend scheduled sessions
- Communicate honestly with their counselor
- Participate actively in their treatment

Grievances

If you are dissatisfied with services, you may contact our administrative team or file a complaint with:

Texas Behavioral Health Executive Council

333 Guadalupe St., Tower 3, Room 900, Austin, TX 78701

Phone: (512) 305-7700 | <https://www.bhec.texas.gov>

Client/Guardian Name: _____

Client Name (if applicable): _____

Signature: _____ Date: _____

Counselor Name/Signature: _____ Date: _____



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