

PROFESSIONAL SERVICE AGREEMENT

INTERVENTION

THIS AGREEMENT between RECOVERY IN ACTION, L.L.C. (“PROVIDER”), and _____ (“CLIENT”) relates to the provision of professional intervention services to be provided by PROVIDER to the “IDENTIFIED PERSON,” and others concerned about the IDENTIFIED PERSON as provided, below.

The IDENTIFIED PERSON is a person that CLIENT believes has an addiction disorder or is otherwise in need of professional care but does not accept that assessment and/or is unwilling to secure professional care.

PROVIDER . . .

(1) Will educate CLIENT, and others concerned about the IDENTIFIED PERSON, on addiction disorders and available options.

(2) Will advise CLIENT, and others concerned about the IDENTIFIED PERSON, in the organization of and planning for an intervention encounter with the IDENTIFIED PERSON.

(3) When IDENTIFIED PERSON meets with CLIENT and the others concerned about the IDENTIFIED PERSON in an intervention setting, will attend that meeting and provide guidance as deemed appropriate under the circumstances.

(4) If IDENTIFIED PERSON decides to accept treatment and that involves travel, PROVIDER will accompany IDENTIFIED PERSON and/or assist in arranging for someone to accompany IDENTIFIED PERSON, to a recommended destination, provided that circumstances may give rise to an additional or a different person to transport the IDENTIFIED PERSON, and provided further that neither PROVIDER nor other transport person will resort to a chase, physical altercation, or restraints to prevent or address the attempt by the IDENTIFIED PERSON to flee or otherwise abandon his/her plan to participate as initially agreed.

CLIENT . . .

(1) Will pay in advance PROVIDER’s fee which is \$_____.

(2) Will cooperate with PROVIDER in the provision of his professional services.

(3) If the services are to be provided at a location that is more than fifty (50) miles from the State Capitol in St. Paul, Minnesota, agrees and will arrange in advance to pay the travel, lodging and other reasonable expenses necessarily incurred by PROVIDER.

(4) Agrees and will arrange in advance to pay the additional reasonable expenses necessarily incurred in transporting the IDENTIFIED PERSON to his/her agreed destination.

(5) Will hold PROVIDER and its employees, agents, and contractors harmless, and will indemnify and defend PROVIDER and its employees, agents, and contractors from any possible claims, damages or causes of action relating to this Agreement and the services and activities undertaken, or not undertaken, pursuant to this Agreement, and for any failure to perform caused by forces beyond PROVIDER’s control, including, but not limited to, weather, travel interruptions and conflicting prior commitments.

CLIENT

RECOVERY IN ACTION, L.L.C.

 Address: _____

 (____) ____ - ____
 Email: _____

 Justin C. Diehl, LADC
 1043 Grand Avenue, No. 133
 St. Paul, Minnesota 55105
 (651) 336-9256
 Email: justin@recoveryinaction.net

Date: _____

Date: _____

RECOVERY IN ACTION L.L.C. is hereby authorized to charge the fees and reimbursable expenses set forth above to my [Type of Credit Card] _____ account. As the credit card holder, I also authorize PROVIDER to charge to this account other future expenses which may be incurred as provided in our Agreement.

Account Number: _____
 Expiration Date: _____
 Verification Number: _____

 Signature _____ Date _____

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