

PROFESSIONAL SERVICES AGREEMENT

ASSESSMENT FOR ADDICTION DISORDER

THIS AGREEMENT between RECOVERY IN ACTION, L.L.C. (“PROVIDER”) and _____ (“CLIENT”) relates to PROVIDER’s provision of addiction assessment services for CLIENT, as stated below.

CLIENT has noted his/her behavior, and/or other’s concerns about his/her behavior, that has raised questions about abuse of, or addiction to, alcohol and/or other substances, and CLIENT and GUARANTOR are engaging PROVIDER to assess these health/behavioral risks in CLIENT. In this context:

PROVIDER . . .

- (1) Will, upon payment of PROVIDER’s fee, and an acceptable arrangement for release of the assessment report, undertake a structured, objective assessment of CLIENT’s substance use, abuse and/or addiction using the American Society of Addiction Medicine (ASAM) techniques and clinical criteria.
- (2) Will, based on the application of the ASAM criteria and PROVIDER’s training and experience, form a professional opinion on CLIENT’s addiction/abuse status.
- (3) Will prepare and deliver a written report on the technique used and PROVIDER’s findings and opinion. This report will be delivered to CLIENT and to such other people, agencies and institutions as are authorized by CLIENT in writing to receive it.
- (4) Will, unless otherwise agreed in writing, at PROVIDER’s sole discretion, destroy PROVIDER’s records and reports at a time deemed by PROVIDER to be appropriate.

CLIENT . . .

- (1) Will pay or arrange for payment in advance of PROVIDER’s fee and related expenses, which is \$ _____.
- (2) Will, prior to the assessment, complete the DISCLOSURE Authorization in a way that is consistent with the parties’ intended use of the assessment findings and opinion.
- (3) Will cooperate in the assessment by his/her timely availability and honest responses to PROVIDER’s assessment inquiries.
- (4) 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: _____
 Date: _____

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

PAYMENT GUARANTY

The undersigned hereby agrees to pay, in advance, for the Assessment for Addiction Disorder as described, above.

GUARANTOR

Dated: _____

Address: _____

_____, _____

(____) ____ - ____

Email: _____

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

ASSESSMENT AGREEMENT

ATTACHMENT REGARDING DISCLOSURE

The undersigned CLIENT hereby authorizes and directs RECOVERY IN ACTION, L.L.C. (“PROVIDER”), to provide a copy of PROVIDER’s written assessment report to the following:

Facsimile No. _____	Facsimile No. _____
Facsimile No. _____	Facsimile No. _____

As required by state privacy laws, the federal HIPAA Privacy Regulation, and the federal regulations on the confidentiality of chemical dependency, 42 C.F.R., Part 2, the undersigned hereby authorizes the release of PROVIDER’s report as stated, above.

Date _____

Signature

Street

_____, _____, _____
City State Zip

Telephone

Email

4829-2168-1448, v. 1

4829-2168-1448, v. 1