

PROFESSIONAL SERVICES AGREEMENT
CHEMICAL DEPENDENCY CONSULTATION

THIS AGREEMENT between RECOVERY IN ACTION, L.L.C. (“PROVIDER”) and _____ (“CLIENT”) relates to PROVIDER’s provision of consultation services to CLIENT.

The consultation to be provided will be based on CLIENT’s interest in receiving information on the nature, impact, and treatment of addiction disorders, and PROVIDER’s education (successful completion of the Hazelden Graduate School of Addiction Studies); professional credentials (licensed by the State of Minnesota as a Licensed Alcohol and Drug Counselor (L.A.D.C.)); professional experience (employment since 2002 in a range of professional roles, including interventionist, sober house clinical director, sober house manager, continuing care case management, sober coaching/companion, and family consultation); professional involvement with clinical and other leaders in treatment centers of all types from throughout the United States, addiction counselors, interventionists, addicts and alcoholics, and people in recovery; and extensive personal experience with addiction, recovery, a successful twelve-step program, and involvement with peer sponsorship.

The consulting services will be provided as stated, below.

CLIENT . . .

- 1) Will agree and arrange to pay in advance for consultation services according to these terms:
 - (a) Hourly fee of \$100.00.
 - (b) Minimum engagement of \$250.00 for a maximum time commitment by PROVIDER of three (3) hours within one (1) month.
 - (c) All services after three (3) hours will be billed at paid for in minimum one (1) hour increments at the stated hourly rate.
- 2) Will confine consulting sessions to media and time schedules mutually agreed upon.
- 3) To the extent feasible, at the outset, will frame the questions to be addressed.
- 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.

PROVIDER . . .

1) Will, within PROVIDER’s training and experience, provide information and advice on matters such as:

- (a) The nature, implication and consequences of substance abuse and addictions.
- (b) Resources for assessment.
- (c) Pathways to recovery.
- (d) Resources for clinical support (treatment).
- (e) Resources for financial support.
- (f) What to expect in treatment and recovery.
- (g) Treatment programs nation-wide vis-à-vis age, gender, diagnosis, dual diagnosis, financial means, treatment setting/approach (e.g. wilderness, pastoral, urban), and other features.

2) Will provide requested information through informal communication (verbal, email, texting) unless other or additional means are agreed upon.

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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