

PROFESSIONAL SERVICES AGREEMENT

HOME ENVIRONMENT RECOVERY ORIENTATION

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

CLIENT . . .

- 1) Will be established in a community setting and abstain from drugs and alcohol.
- 2) Will pay in advance the \$_____ per day fees, and agree and arrange to pay PROVIDER’s reasonable expenses to be necessarily incurred in providing the Home Environment Recovery Orientation services.
- 3) Will prepare in writing and transmit to PROVIDER, in advance of the provision of services, a detailed schedule of his/her historic daily activities with specifics about the places and people involved, with notations on potential “trigger” situations, and will consult with PROVIDER prior to the Home Environment Recovery Orientation visit regarding the foregoing.
- 4) Will prepare to spend most of his/her time with PROVIDER during PROVIDER’s Recovery Orientation visit, and plan for the involvement of family members, friends and co-workers as agreed upon with PROVIDER.
- 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.

PROVIDER . . .

- 1) Will travel to IDENTIFIED PERSON’s location and take up short-term residence in a location proximate to the IDENTIFIED PERSON, as agreed. A “proximate” residential location, the expense for which is to be paid in advance or reimbursed, may be in an adjoining or nearby hotel room, a guest room in the IDENTIFIED PERSON’s home, a shared hotel, or some comparable setting.
- 2) Will work with IDENTIFIED PERSON, as indicated, to develop and understand an inventory or historic relationships, practices, events and geographic locations that may impact recovery.

3) Will undertake community resource assessment to identify appropriate residential, recovery, recreation, religious and occupational resources, as indicated.

4) Will accompany IDENTIFIED PERSON in his/her daily activities, provide guidance for securing a sponsor for IDENTIFIED PERSON and establishing an active involvement between these two people, lead IDENTIFIED PERSON to attend and participate in recovery meetings, and coach IDENTIFIED PERSON in a recovery lifestyle for two or three days (as indicated and agreed upon) from _____ to _____.
Date Date

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