

PROFESSIONAL SERVICES AGREEMENT

COMPANION SERVICES

THIS AGREEMENT between RECOVERY IN ACTION, L.L.C. (“PROVIDER”) and _____ (“CLIENT”) relates to the provision of “Sober Companion” services by PROVIDER to the IDENTIFIED PERSON.

The IDENTIFIED PERSON is a person who believes, and who CLIENT believes, would benefit from advice and direct personal support in achieving recovery from chemical dependency in his/her current community setting.

Accordingly, the parties agree, as follows:

The IDENTIFIED PERSON:

- 1) Will be established in a community setting and abstain from drugs and alcohol
- 2) Will cooperate by planning and participating in scheduled activities as developed by PROVIDER consistent with duties and activities.
- 3) 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:

- 1) Will pay and/or arrange in advance to pay the Companion Services fees (\$_____) and reasonable expenses necessarily incurred by PROVIDER in traveling to and from and around the “companion” location, and food, lodging, incidental, and program expenses.
- 2) 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 from _____

Date

to _____
Date

IDENTIFIED PERSON

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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