

NEW DAY FOUNDATION FOR FAMILIES EMOTIONAL SUPPORT PROGRAM

Mental Health Professional Agreement

- 1. Mental Health Professional will perform their duties with the utmost level of integrity and professionalism.**
 - Mental Health Professional must abide by the ethical standards outlined by the State of Michigan and the practice in which they are licensed.

- 2. Mental Health Professional agrees to the following:**
 - Provide Therapy (Individual, Joint, Couples, Family, or Group Therapy per therapist's ability to provide) to the referred program participant at business address where clients are seen (as indicated on "New Day Foundation for Families Emotional Support Program - Mental Health Professional Questionnaire") or via HIPPA compliant teletherapy platform
 - Complete and forward one copy of "New Day Foundation for Families Emotional Support Program - Participant Release of Information" form to allow appropriate communication between New Day and the Mental Health Professional and vice versa
 - Follow Michigan law regarding confidentiality
 - Maintain professional liability insurance and provide New Day with a current copy of declaration page
 - If the program participant carries health insurance accepted by Mental Health Professional, Mental Health Professional will collect no more than the co-pay amount of the participant's insurance, and not to exceed \$40.00 from participant and/or New Day combined
 - Sign and submit a W-9 form
 - Maintain and keep secure all client therapy records, case notes, and confidential information at their own professional business sites
 - While Emotional Support Grant is Active, the Mental Health Professional will not solicit New Day program participants as clients outside of this agreement. After a participant has completed their emotional support grant from New Day, the participant may choose to continue therapy services with her/his Mental Health Professional at which time, New Day would not be the payer for services and would not be a party to the relationship

- 3. Duration of Agreement, Rates, & Payment:**
 - New Day and/or the Mental Health Professional have the right to terminate this agreement at any time within ethical boundaries of continuity of care by giving two-week notice one to the other
 - *Amendments to the agreement must be agreed upon by both New Day and the Mental Health Professional*
 - *New Day will terminate this agreement immediately in cases of alleged misconduct by the Mental Health Professional*
 - Rates
 - *The Mental Health Professional will provide 3 pro bono sessions, including the initial Intake session*

- *Ongoing sessions will be paid at a standard rate of \$40.00 per hour for a 50-minute therapeutic hour, per week, for individual/family therapy. Rate applies to in-person or Telehealth sessions. Rate may be paid fully by the participant, New Day, or may be shared between participant and New Day, and such arrangement will be communicated by New Day to Mental Health Professional at the initiation of therapy. This rate will apply to 5 additional services with the same mental health professional after the initial 3 pro bono sessions*
- *Number of total sessions is dependent on the amount awarded to the participant through the New Day and the need of the program participant. If a participant is in need of more services, details will be discussed between New Day and the Mental Health Professional*
- *For Participants who “no show/no call” or provide a late cancellation (less than 24 hours)*
 - *The standard rate will be paid one time by New Day*
 - *If a participant continues to “no show/no call” and/or “late cancel” it is at the discretion of the assigned Mental Health Professional to continue or terminate therapy with such participant. If the Mental Health Professional continues to see the participant, the Professional should understand that they will not be reimbursed by New Day for any “no show/no calls” and/or “late cancellations” that exceed one occurrence.*
- **Payment**
 - *Mental Health Professional must submit an invoice with per session itemization by the 1st of each month for the previous month’s work to Jenny Perez (Jenny@NewDayFF.org), to receive payment for services*

Signature of Mental Health Professional

Date