



Camaraderie Foundation

16877 E Colonial Dr #411 Orlando, FL 32820
800 S. Harbour Island Blvd | Tampa, FL 33602

407.841.0071

www.camaraderiefoundation.org

MEMORANDUM OF AGREEMENT

Between

Camaraderie Foundation, Inc. and _____
For The Provision of Private Counseling Services

A. STATEMENT OF WORK

The Counselor shall see **Camaraderie Foundation** clients pending his/her availability.

B. SERVICE AGREEMENT AND COMPENSATION

I. Statement of Counselor Responsibility:

1. The Counselor will agree to see each client at a payment rate of \$100 per session, per client with \$0 client co-pay.
2. The Counselor must be a State Licensed Practitioner, not an Intern, and will provide current license and insurance information to Camaraderie Foundation, Inc., prior to beginning service to clients, and update annually.
3. Counselors should not set a client counseling appointment without prior approval of Camaraderie Foundation.
4. The Counselor must mail, fax, or e-mail monthly invoices within 30 days of service rendered to Camaraderie Foundation at the following office address:

Camaraderie Foundation, Inc.
2488 E. Michigan Street
Orlando, FL 32806

Fax: (407) 601-7709

Email:

counseling@camaraderiefoundation.org.

II. Statement of Client Responsibility:

The client is responsible for/is permitted to do the following:

1. Upon approval from Camaraderie Foundation Inc., the client may schedule and receive up to 12 sessions (45-50 minutes

each) of counseling.

2. The client is responsible for scheduling his/her first counseling sessions within 30 days of approval by Camaraderie Foundation and maintaining a monthly appointment with the provider. If these conditions are not met, the client is responsible for reapplying for services or to contact Camaraderie Foundation to keep the record active.
3. The client is responsible for all no-shows or late cancellation fees.
4. The client is asked to complete an ORS and SRS before and after each counseling session.
5. At the completion of 12 sessions (depending on the client's situation), the client may apply for additional sessions with a written, client consented, counselor recommendation.

III. Statement of Camaraderie Foundation, Inc. Responsibility:

Camaraderie Foundation, Inc. shall send an authorization letter and pay \$100.00 per session, per client, for all invoices received within 30 days of service rendered. Payment will be processed within 30 days of the invoice being received. Any invoices received after 30 days of service are not guaranteed payment within 30 days.

Camaraderie Foundation shall not pay for any services provided before the authorization date or after the expiration date of the approval letter.

SECTION C. CONFIDENTIALITY

Per the HIPAA privacy rules, during the term of this Agreement, and thereafter, the Counselor shall not, without the prior written consent of Camaraderie Foundation, Inc., disclose to anyone any Confidential



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Information. "Confidential Information" for the purposes of this Agreement shall include, but not be limited to client information. Confidential Information shall not include any information that is (1) disclosed by the Counselor without restriction or (2) is rightfully received by the Counselor from a third party.

SECTION D. TERMINATION

This Agreement may be terminated, with the recommendation of the Medical Advisory Counsel, under the following conditions:

1. If the Counselor is unable to provide services by reason of temporary or permanent illness, disability, incapacity, or death.
2. If the Counselor wishes to stop providing services to Camaraderie Foundation, Counselor agrees to **provide 60 days written notice** to Camaraderie Foundation.
3. Breach or default of any obligation of the Counselor pursuant to Section C, Confidentiality, of this Agreement.
4. Breach or default by the Counselor of any other material obligation in this Agreement, which breach, or default is not cured within five (5) days of written notice from the Counselor.

SECTION F. CONTRACTOR

The Counselor is, and throughout this Agreement shall be, an independent counselor and not an employee, partner or agent of Camaraderie Foundation, Inc. The Counselor shall not be entitled to nor receive any benefit normally provided to Camaraderie Foundation, Inc. employees such as, but not limited to, vacation payment, retirement, health care or sick pay.

Camaraderie Foundation, Inc. shall not be responsible for withholding income or other taxes from the payments made to the Counselor. The Counselor shall be solely responsible for filing all

returns and paying any income, Social Security or other tax levied upon or determined with respect to the payments made to the Counselor pursuant to this Agreement.

Final Agreement. This Agreement constitutes the final understanding and agreement between the parties with respect to the subject matter hereof and supersedes all prior negotiations, understandings, and agreements between the parties, whether written or oral.

This Agreement may be amended, supplemented, or changed only by an agreement in writing signed by both of the parties.

Notices. Any notice required to be given or otherwise given pursuant to this Agreement shall be in writing and shall be emailed or mailed to one of the following addresses:

programs@camaraderiefoundation.org,
or
Camaraderie Foundation, Inc.
2488 East Michigan Street
Orlando, Florida 32806

Camaraderie Foundation, Inc. will be responsible for the management of this Contract:

Camaraderie Foundation, Inc.

Maria Cherjovsky Date
Chief Executive Officer

Counselor Date