This Independent Professional Consultant Agreement (the “Agreement”) is entered into this ______ Month ______ Day ______ Year by Consultant, and Greenwoods Counseling & Referrals, Inc. (“Greenwoods).

1. Consultant shall provide professional services to clients who are referred to the Consultant by Greenwoods’ professional staff to the extent that the Consultant’s schedule permits.

2. Consultant will offer reduced fees to clients when assessed as clinically appropriate and necessary to make needed care accessible.

3. Greenwoods may pay a per visit subsidy on behalf of eligible clients in order to subsidize the costs of professional services. Greenwoods will notify Consultant in writing when a client is eligible to receive subsidy and identify the amount of the subsidy to be paid.

4. Consultant shall submit invoices within 60 days of service to Greenwoods. Invoices will be submitted on the standard form provided by Greenwoods.

5. The consultant is not an Employee of Greenwoods and shall not be deemed to be or construed to be an agent, servant or employee of Greenwoods. Consultant is an independent practitioner. Consultant shall determine the method, details and means of performing professional services to clients, and Greenwoods shall not have right to influence or control the provision of such services.

6. The Consultant will comply with applicable standards of confidentiality required by state and federal law.

7. This agreement may be terminated by either party without notice at any time.

8. The consultant shall carry Professional Malpractice Insurance and will supply up-to-date copies of insurance coverage documentation to Greenwoods upon request.

9. The Consultant shall maintain current licensure, certification, or other professional credentialing in their professional discipline and will provide up-to-date copies of this credentialing to Greenwoods.

__________________________
Consultant Signature

__________________________
Consultant Name (please print)

__________________________
Greenwoods Counseling & Referrals, Inc. Authorized Signature

__________________________
Date

__________________________
Practice Name

__________________________
Date

Rev. 1/27/22