

CLINICIAN SUPPORT SERVICES AGREEMENT

This Clinician Support Services Agreement (“Agreement”) is made and entered into as of _____ (“Effective Date”), by and between:

Clinician Support Services of WNY,
having a principal business address at
144 Sandpiper Ln., Grand Island, NY 14072
(hereinafter referred to as the “Service Provider”),

and

Licensed Mental Health Counselor (LMHC):

Name: _____

Address: _____

(hereinafter referred to as the “Clinician”).

The Service Provider and the Clinician may be referred to individually as a “Party” and collectively as the “Parties.”

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions under which the Service Provider shall provide professional support services to the Clinician.

2. Scope of Services

The Service Provider shall provide administrative, clinical, consulting, or related professional support services to the Clinician, as mutually agreed upon by the Parties from time to time. The specific nature of the services may be modified by written agreement of the Parties.

3. Compensation and Payment Terms

The Clinician agrees to compensate the Service Provider pursuant to the following fee arrangement:

Fee Amount(s): _____

All invoices issued under this Agreement shall be **due and payable within thirty (30) days** of the invoice date. Failure to remit payment within this time frame may result in suspension or termination of services.

4. Independent Contractor Status

The Parties expressly acknowledge that the Service Provider is acting as an independent contractor. Nothing contained in this Agreement shall be deemed to create an employer-employee relationship, partnership, joint venture, or agency relationship between the Parties. Each Party shall be solely responsible for its own taxes, licenses, insurance, and professional obligations.

5. Confidentiality

Each Party agrees to maintain the confidentiality of all non-public, proprietary, and client-related information obtained in connection with this Agreement. All confidential information shall be handled in compliance with applicable state and federal laws and regulations, including privacy and confidentiality requirements.

6. Term and Termination

This Agreement shall commence on the Effective Date and shall continue until terminated by either Party upon written notice to the other Party. Termination shall not relieve the Clinician of the obligation to pay for services rendered prior to the effective date of termination.

7. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the **State of New York**, without regard to its conflict of laws principles.

8. Entire Agreement

This Agreement constitutes the entire understanding between the Parties with respect to the subject matter hereof and supersedes all prior or contemporaneous agreements, representations, or understandings, whether written or oral. Any modification or amendment to this Agreement must be in writing and signed by both Parties.

9. Signatures

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date first written above.

Clinician Support Services of WNY

Signature: _____
Name: _____
Title: _____
Date: _____

Licensed Mental Health Counselor (LMHC)

Signature: _____
Name: _____
Date: _____