CONTRACT FOR TELE-MENTAL HEALTH SERVICES

DANIELLA RINEHART

MASTER OF COUNSELOR EDUCATION

LICENSED CLINICAL PROFESSIONAL COUNSELOR

PO BOX 96, EAST GLACIER, MT 59434 Cell number: (406)579-2037 Email: daniellarinehart2000@gmail.com

for Tele-Mental Health Services for the Browning School District No. 9

September 1st, 2024-August 31, 2025

This agreement, between Daniella Rinehart, LCPC, and Browning Public School District No. 9 will begin September 1, 2024. This agreement will be in effect for 12 months, ending August 31, 2025.

Services:

Daniella Rinehart will provide Professional Counseling Services to the students at Browning Public School District on the following schedule:

- Each session will consist of 50 minutes of face-to-face counseling with individual student or family.

Daniella Rinehart will have a caseload of up to 10 clients, which will include:

10 x 50 minute face-to-face sessions per week.

- 1 x Informed Consent for Services per client
- 1 x Initial Assessment per Client
- 1 x Treatment Plan per Client (updated as client meets goals)
- 1 x Weekly Progress Note per Client/Session

Face - to - Face sessions will be a hybrid of in person and tele-health. I will use the HIPAA compliant, evidence-based platform of Simple Practice for tele-health video and documentation.

Expenses I, Daniella Rinehart am responsible for:

- My own Professional Liability insurance.
- My yearly renewal of my professional license
- Subscription to Simple Practice
- Travel
- All other overhead expenses

Compensation from Browning Public School District:

The cost for the district will be \$3,700 per month, payable to Daniella Rinehart. This contract will be in effect for twelve months, to be renegotiated at the end of the fiscal year. The parties recognize this is a base salary, which covers expenses for up to 40 sessions per month, along with administrative duties such as documentation, parental contact, collaborating with staff, etc.

The parties of Daniella Rinehart and Browning Public School District No. 9 agree to this contract.

By: ______ License No. BBH-LCPC-LIC-68256 Daniella Rinehart PO Box 96 East Glacier, MT 59434 (406) 579-2037

By:___

Representing BPS District No. 9 129 First Avenue SE PO Box 610 Browning, MT 59417 (406) 338-2715