
Jennifer Allen Norton, M.A., LPC-S

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Therapist Independent Consultant Agreement

Jennifer Allen Norton, M.A., LPC-S and _____ LPC-Intern (Therapist) agree as follows:

1. Therapist will act as an independent consultant of Jennifer Allen Norton, M.A., LPC-S.
2. Therapist must have earned at least a master's degree from an accredited university. Therapist must be licensed in the State of Texas as a mental health professional and agrees to provide individual, couple, relationship, and/or group counseling/psychotherapy of clients during the term of this agreement in accordance with the standards and ethical principles established by the Texas State Board of Examiners of Professional Counselors.
3. The manner and means of conducting the work are within the sole professional direction and control of the Therapist. Jennifer Allen Norton, M.A., LPC-S retains only control of determining whether Therapists's work is good and acceptable quality and complies with the overall standards, practices and policies of the counseling business of Jennifer Allen Norton, M.A., LPC-S and the profession.
4. Therapist shall endeavor to provide therapy at a minimum of 8 - 10 hours per week. Therapist shall maintain current, on-site client files and client information in accordance with licensing board requirements. Therapist warrants that all counseling and record-keeping services performed by Therapist will be of professional quality.
5. Therapist will secure and maintain all necessary professional licenses at his/her sole expense prior to undertaking any counseling work under the supervision of Jennifer Allen Norton, M.A., LPC-S. Therapist must provide a copy of their current Texas license and a copy of their own current Professional Liability Insurance policy with coverage of at least \$1,000,000.
6. Jennifer Allen Norton, M.A., LPC-S agrees to pay Therapist ____% of fees collected by Jennifer Allen Norton, M.A., LPC-S for work that Therapist performs.
7. Therapist will not receive any payment for client sessions or services. All payment received from Therapist's clients will be made payable to Jennifer Allen Norton, M.A., LPC-S.
8. Payment for services rendered by Therapist will occur once a month by check, no later than the 5th calendar day following the end of the prior month.
9. The working relationship between Therapist and Jennifer Allen Norton, M.A., LPC-S is based upon mutual consent and can be terminated by either party at any time without cause of notice. If this agreement terminates, with or without cause, Therapist will be entitled to the compensation earned by Therapist prior to and including the date of termination only. As a matter of professional courtesy and client care, both parties agree to make their best effort to provide at least four (4) weeks written notice to the other party of any intent to terminate this agreement.
10. Therapist agrees that the identity, files, case notes, and any other counseling information of Therapist's (as a consultant of Jennifer Allen Norton, M.A., LPC-S) clients, as well as any proprietary information of Jennifer Allen Norton, M.A., LPC-S (all collectively referred to as 'confidential information'), are and will remain the exclusive property of Jennifer Allen Norton, M.A., LPC-S and that such information, being of a confidential nature, shall be maintained in confidence. Therapist agrees not to disclose any confidential information to any other person(s) other than Jennifer Allen Norton, M.A., LPC-S unless specifically authorized in writing

by Jennifer Allen Norton, M.A., LPC-S. Therapist shall not copy or reproduce any confidential information without the prior written consent of Jennifer Allen Norton, M.A., LPC-S.

11. Upon termination of this agreement, Therapist shall immediately deliver to Jennifer Allen Norton, M.A., LPC-S all originals and copies of any materials furnished to or acquired by Therapist as a result of or during this agreement.
12. The services to be rendered by Therapist are unique, and neither Therapist nor Jennifer Allen Norton, M.A., LPC-S will assign their rights and obligations under this assignment.
13. Any modifications of this agreement must be in writing and signed by Therapist and Jennifer Allen Norton, M.A., LPC-S.
14. This agreement contains the complete agreement of the parties with respect to the independent consultant relationship.

THERAPIST SIGNATURE

DATE

JENNIFER ALLEN NORTON

DATE

Therapist Contact Information:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____

EMAIL ADDRESS: _____

SSN (needed for 1099's): _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ **CELL PHONE:** _____

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