COMPASS

CASE MANAGEMENT, INTERVENTION AND RECOVERY SUPPORT SERVICES

INITIAL 60-DAY SERVICES AGREEMENT

Effective date: _____ Client name: _____

Preferred name: _____ Coach / Provider: Dan _____

Client phone/email: _____

1. Purpose and nature of services

Compass provides individualized, nonclinical case management, intervention-related support and recovery coaching. Services are intended to support planning, accountability, connection to resources and communication. Compass does not provide medical care, diagnosis, psychotherapy, psychiatric treatment, detoxification, medication management, or emergency/crisis response under this Agreement. No particular recovery outcome is promised or guaranteed.

2. Initial term and services

The initial term is 60 consecutive calendar days beginning on _____ and ending on _____, unless terminated earlier under Section 7. During each four-week service period, the standard schedule includes:

- One face-to-face recovery coaching meeting per week, generally 60–90 minutes, at a mutually agreed location.
- One pre-weekend telephone check-in each week, generally 15–20 minutes.
- One post-weekend telephone check-in each week, generally 15–20 minutes.
- One family Zoom meeting per month, generally 45–60 minutes, subject to client consent and appropriate written authorization.
- Unlimited reasonable client-initiated text messages during agreed service hours; responses are not immediate or guaranteed.

Usual communication hours: _____ Meeting location/travel area: _____. Scheduling and holiday adjustments will be agreed upon in advance. Unused appointments do not automatically roll over. Additional visits, extensive travel, or specialized services require a separate written agreement.

3. Fees and payment

Initial 60-day term: $1,200 per month, for a total of $2,400. The first $1,200 is due upon signing and before services begin as an advance payment toward the first month of services (referred to as an initial retainer). The second $1,200 is due on the first day of the second service month: _____. The initial payment is credited toward services; it is not automatically nonrefundable.

After the 60-day term, the parties may mutually agree in writing to continue month-to-month at $800 per month, with payment due on the 1st calendar day of each month. For any partial calendar month, fees will

be prorated unless otherwise agreed in writing. No automatic renewal occurs unless both parties agree to continue. Compass will provide an invoice or payment receipt upon request.

Payment method: _____ Late-payment/cure terms (if any): _____. Fees for services already delivered remain payable. Refunds or credits for prepaid but undelivered services will be handled under applicable law and Section 7.

4. Client responsibilities and informed participation

Client agrees to provide accurate information to the extent reasonably possible, participate voluntarily, communicate scheduling changes, and promptly seek licensed medical or mental health care when appropriate. Client remains responsible for personal decisions, substance use, adherence to clinical recommendations, and obtaining emergency help. Compass may recommend additional or higher levels of care if needs exceed coaching services.

5. Family involvement, privacy and information sharing

Family members may participate only with the client's consent. Listing a family contact does not authorize disclosure. Compass will obtain a separate written release specifying recipients, information, purpose and duration before sharing protected or sensitive information, subject to applicable law. Electronic messages and ordinary email may carry privacy risks; communication preferences will be documented separately.

6. Serious risks, acknowledgment and limited release

CLIENT ACKNOWLEDGES that substance use disorders, addiction, withdrawal, overdose, relapse, co-occurring mental health conditions and related crises may cause serious injury, disability, hospitalization, self-harm, harm to others, or death, even when support services are being received. Recovery coaching and case management cannot eliminate these risks or ensure abstinence, safety, or a particular outcome.

To the fullest extent permitted by applicable law, Client understands and voluntarily accepts the inherent risks associated with Client's own health conditions, decisions, conduct, and participation in nonclinical support services, and agrees not to hold Compass or Dan responsible solely because an adverse outcome occurs from those inherent risks or from actions outside their reasonable control. THIS PROVISION DOES NOT RELEASE OR LIMIT LIABILITY FOR NEGLIGENCE, GROSS NEGLIGENCE, RECKLESSNESS, WILLFUL MISCONDUCT, BREACH OF CONTRACT, VIOLATIONS OF LAW, OR ANY OTHER LIABILITY THAT CANNOT LAWFULLY BE WAIVED. It does not waive any duty imposed by applicable law. No statement in this Agreement prevents Client from seeking legal advice or pursuing rights that cannot legally be waived.

Client initials acknowledging Section 6: _____

7. Cancellation, early termination and refunds

Either party may terminate services by written notice. Compass may suspend or terminate services if safety, professional boundaries, nonpayment, or the client's needs make the arrangement inappropriate, with reasonable referrals where feasible. If the client ends the agreement before day 60, amounts due for services actually delivered remain payable; prepaid amounts for undelivered services will be refunded or otherwise handled as required by applicable law. Any proposed early-termination fee must be separately stated and legally reviewed; none is imposed by this draft. Following the initial term, either party may end month-to-month services with 30 days' written notice, subject to applicable law and any mutually agreed transition plan.

Cancellation/rescheduling notice for individual appointments: _____ hours. A missed appointment may be counted as delivered only if the parties expressly agree to that policy in writing and it is lawful.

8. Emergencies and clinical boundaries

Compass is not a 24/7 crisis service. In an emergency, call 911 or go to the nearest emergency department. In the United States, call or text 988 for suicide or mental health crisis support. For suspected overdose, call emergency services immediately. Client should not rely on texts, calls, or coaching visits for emergency intervention. Compass does not direct or replace decisions made by licensed treating professionals.

9. Other terms

Changes to services or fees must be agreed upon in writing. This Agreement and any separately signed privacy, communication and authorization forms describe the parties' understanding. If any provision is unenforceable, remaining lawful provisions remain effective. Governing state law: _____. Nothing in this Agreement creates a therapist–patient or physician–patient relationship.

10. Signatures

I have read this Agreement, had the opportunity to ask questions, and understand the scope, payment terms, serious risks and limits of the services.

Client signature: _____ Date: _____

Compass / Dan signature: _____ Date: _____

If applicable, legal representative name/capacity: _____

Representative signature: _____ Date: _____

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DRAFT FOR LEGAL REVIEW — Not legal advice. Have a licensed attorney in the applicable state review liability, refund, confidentiality, scope-of-practice and consumer contract terms before use.