



COMPREHENSIVE EAP, INC. AFFILIATE AGREEMENT

I. DUTIES OF AFFILIATE

A. Comprehensive EAP hereby retains Affiliate and Affiliate hereby agrees to render the services identified below to Covered Persons and Client Companies on behalf of Comprehensive EAP.

1. Affiliate shall render Employee Assistance Program services to companies that have an agreement with Comprehensive EAP. **These services include the following: Assessment, Counseling, Referral, Consultation, Training and Follow-up/Monitoring.** Services shall be rendered by Affiliate in accordance with generally accepted professional standards.
2. A request for EAP services shall be responded to by Affiliate as soon as possible but not to exceed a 24 hour period. Affiliate agrees to *offer*, as usual and customary, an initial appointment within three working days of the request. The Affiliate will work with the client to develop an accurate and mutual perception of the problem. If a referral is appropriate, the Affiliate will function as a broker in effectively connecting the client with the most appropriate and cost effective resource. The Affiliate will follow-up to confirm that connection and monitor the referral as necessary.
3. Affiliate will provide **brief (solution-focused) counseling services**, when appropriate, for eligible covered persons for the purpose of addressing problems that can be resolved within a limited number of sessions. Provision of brief counseling services shall be limited to those services authorized by Comprehensive EAP.
4. Affiliate will provide **suitable office space** for providing services under this agreement.
5. Affiliate agrees to apprise Comprehensive EAP of any **direct consultation services** being provided to Client Company Liaisons (managers, supervisors, human resources and medical department personnel etc.)

6. Affiliate will provide **Training/Promotion Services** as requested.

7. In **emergency situations**, defined as those in which the life or health of a Covered Person are possibly endangered, the affiliate will schedule initial appointment on the same day of referral and direct the person to immediate crisis resources if required.

8. On-site services: NOT APPLICABLE

B. Affiliate, at Affiliate's sole cost and expense, shall maintain professional liability insurance in an amount not less than \$1,000,000 per occurrence/\$1,000,000 per year, or any greater amount which may be required by the laws of any state in which the affiliate provides services hereunder.

1. Affiliate agrees to furnish Comprehensive EAP within thirty days of the effective date of this agreement copies of certificates evidencing the foregoing insurance coverage.

2. Affiliate agrees to provide Comprehensive EAP written notice of any cancellation or material change in the insurance coverage required hereunder.

C. Affiliate agrees that during the term of this Agreement, and for a period of one year after termination of this Agreement, Affiliate will not perform the same or similar services as are required hereunder for Comprehensive EAP's clients.

D. Affiliate warrants and represents that Affiliate is appropriately licensed and/or certified in accordance with applicable state and federal laws and regulations to provide the services to be performed by Affiliate under this Agreement. Affiliate agrees to notify Comprehensive EAP immediately of any change, denial, suspension, surrender or revocation of any such license or certification.

II. DUTIES OF COMPREHENSIVE EAP

A. Comprehensive EAP agrees to compensate Affiliate for services rendered pursuant to this agreement as follows:

1. \$75 per hour for assessment, referral, brief therapy and crisis intervention services or other clinical services requested by Comprehensive EAP.

B. Affiliate shall not request or receive from any party other than Comprehensive EAP compensation for services rendered under this Agreement.

III. MISCELLANEOUS

- A. Affiliate agrees to indemnify Comprehensive EAP, its employees, agents and representatives and to hold them harmless from any expenses, losses, damages or injuries caused by an action or omission of Affiliate, its employees, agents and representatives. Comprehensive EAP agrees to indemnify Affiliate, its employees, agents and representatives and to hold them harmless from any expenses, losses, damages or injuries caused by an action or omission of Comprehensive EAP, its employees agents and representatives.

- B. This Agreement shall continue in force until terminated as provided in this Section. This Agreement may be terminated by either party upon thirty (30) days prior written notice.

Affiliate Signature

Authorized Signature for:
Comprehensive EAP, Inc.
4 Mount Royal Ave, STE 310
Marlborough, MA 01752

Affiliate Name (Printed)

Address

City, State & Zip

Date

Effective Date of Agreement

Affiliates SSN or Federal Tax ID# _____

RETURN COMPLETED APPLICATION TO:

COMPREHENSIVE EAP, INC.
4 Mount Royal Ave, STE 310
Marlboro, MA 01752

FAX: 774-463-3455

OR EMAIL TO:
jsagor@compeap.com

