

seed digging! Wellness Center



1003 N. Main St.
Harrison, AR 72601



Office: 870.204.6016
Fax: 1.870.782.2914



info@seeddigging.com

Practicum/Internship Agreement

This is a working agreement between _____ and Seed Digging, PLLC:
Practicum/Internship Student

- I understand that I am responsible to follow all state ethical and legal codes of counseling that pertain to me as a practicum/intern student under the direction of my university.
- I understand that I responsible for my own supplies. Seed Digging Wellness Center supplies space (based on the number of clients actively seen) and referrals.
- I understand that it is a joint responsibility to ensure that payment from clients are being made and to pay attention to schedules and notes within the system if clients are not making payments.
- I understand that there is no reimbursement for services during practicum/internship.
- I understand that only clients of the Seed Digging Wellness Center may be seen at the Seed Digging Wellness Center.
- I understand that client rates and/or payments may not be changed unless prior approval has been made.
- I understand that I am responsible for learning the Simple Practice system and all ethics as it pertains to my personal documentation and obligations in regard to seeing clients, completing notes, and submitting billing within my client note.
- I understand that I am currently under supervision at Seed Digging, PLLC and will follow recommendations of the supervisor who is signing off of my performance and notes.
- I understand that I must complete all notes within 48 hours of the service date so that my supervisor may review so that they can be locked and signed.
- I understand that it is my responsibility to carry my own personal liability insurance and add Seed Digging, PLLC as covered on my insurance.
- I will follow all HIPAA regulations, as well as all other state and federal regulations and ethics as it pertains to counseling and any work completed at the Seed Digging Wellness Center

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- I understand that this clinic is specific for Seed Digging Sessions; although other counseling models may be used, I will freely offer Seed Digging sessions for clients unless otherwise requested.
- I understand that there will be monthly "grow and learn" meetings to staff cases and to grow in the Seed Digging Model and Technique. I will attend at least one per month.
- I understand that to work as a subcontractor under Seed Digging, PLLC that I must have a completely clear background check and no current or pending investigations personally or professionally.
- I understand that this agreement may be terminated at any time by either party.

_____ Date: _____
Practicum/Internship Student

_____ Date: _____
Shawna V. J. Burns
Seed Digging Wellness Center - Owner