

# seed digging! Wellness Center



1003 N. Main St.  
Harrison, AR 72601



Office: 870.204.6016  
Fax: 1.870.782.2914



info@seeddigging.com

## Subcontractor Agreement

**This is a working agreement between \_\_\_\_\_ and Seed Digging, PLLC:**  
Subcontractor

- I understand that I am a subcontractor and will receive a 1099 for my taxes.
- I understand that I am responsible for paying my own taxes based on the state and federal regulations.
- I understand that I responsible for my own supplies. Seed Digging Wellness Center supplies space (based on the number of clients actively seen), billing staff and referrals.
- I understand there is joint responsibility to ensure that payment from clients are being received in a timely manner and to pay attention to schedules and notes within the system if clients are not making payments.
- 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 without prior approval.
- I understand that I am responsible for learning the Simple Practice system; for understanding insurance regulations and 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 my rate of reimbursement is 60% of all collected payments. In the event that an insurance carrier determines a refund is due based on an audit, I am responsible to pay my share back to Seed Digging Wellness Center.
- I understand that my payments are rendered after client payments have been collected.
- I understand that it is my responsibility to carry my own personal liability insurance and workers' compensation insurance. If I elect to opt out of workers' compensation insurance I must provider a Certificate of Non-Coverage from the State of Arkansas.
- 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.

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- I understand that to work under Seed Digging, PLLC, it is my responsibility to learn and grow in the Seed Digging Model; I will observe at least once session monthly with a higher-level Seed Digging Professional or Shawna Burns. Observations can also be replaced with (1) written feedback on a case review sent via email or (2) personal counseling sessions with a trained Seed Digging Professional or someone trained in the sister approach—Freedom Prayer or Theophostic Counseling.
- I understand that there will be monthly “grow and learn” meetings to review staff cases, and to grow in the Seed Digging Model and Technique. I will attend at least one per month.
- I understand that office space is available according to prescheduled counseling sessions and may be shared with other clinicians. For example, 10 sessions would provide a counseling office for up to 10 hours per week. Office space will be allotted to the best of the clinic's ability to meet each clinician's preferred schedule; however, clinicians must be flexible in the event there are overlaps of scheduled times when there is limited space.
- I understand that I will follow all HIPPA regulations, and work within all ethical and legal guidelines permitted and/or required under my current license.
- I understand to work as a subcontractor under Seed Digging, PLLC, I must have a completely clear background check and no current or pending investigations personally or professionally.
- I understand this is a working agreement and will remain in effect for one year; if this subcontractor leaves before 6 months has been completed, any costs (credentialing, supervision, advertisement, consultation, etc.) will be deducted from my final subcontractor pay.
- I understand this agreement may be terminated at any time by either party.

\_\_\_\_\_ Date: \_\_\_\_\_  
Subcontractor

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