



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152
Confidential Numbers: Phone 512-494-1007
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SIMS AGREEMENT FOR PROVIDERS

I, _____ (please print),
agree to be a provider of mental health services for the SIMS Foundation, Inc. (SIMS).

- I understand that SIMS is a 501(c)(3) (non-profit) organization and that I am not providing services as an employee of SIMS.
- I agree to abide by all of the terms and conditions provided in the *Policies for SIMS Providers*, which I have read and understand.
- I agree at all times to maintain my professional licensure and liability insurance in accordance with the *Policies for SIMS Providers*.
- I agree to uphold the ethics and standards of the licensure under which I practice.
- I understand and agree that my compensation for the services I provide will be those stated in the *SIMS Provider Billing Schedule*, as shown on the *Provider Claim Form*, unless otherwise agreed in writing.
- I understand that periodically SIMS may need to make changes in policies and procedures and when that occurs, I will be provided with the changes in writing to review before signing a new agreement with SIMS.

Signature of Provider

Emily Rudenick, LPC
Clinical Director

Date_____

Date_____