



FIRST RESPONDERS WELLNESS CENTER

477 E Butterfield Rd. Suite 408 Lombard, Illinois 60148
100 Tri State International Suite 260 Lincolnshire, Illinois 60069
1412 W. Washington Blvd. 2nd floor Chicago, Illinois 60607

Agreement for Professional Therapy Services for Mental Health Screenings/Wellness Visits

This Agreement was made on 03/06/2026 between the First Responders Wellness Center (Hereafter “Contractor”) and Village of Orland Park Police Department Communications (Hereinafter “Agency”).

Whereas “Contractor” is an independent therapy provider formed to render therapeutic Officer Mental Health Screenings/Wellness Visits as part of the SAFE-T Act and overall police, dispatch, and/or fire wellness program which incorporates therapeutic services, psychoeducation, and building coping strategies for individual law enforcement officers, firefighters, dispatch, and personnel who work for the Agency.

Whereas Agency is desirous of securing the services of Contractor and the Contractor will provide services to individuals of the Agency. The Agency will not be privy to the content or conversations during the sessions or any therapeutic notes. The Agency will only be given a brief written or verbal notification that an individual member of the Agency has attended and completed their wellness visit on a specific date. The Agency will not have access to any other documents or information about a specific individual member of the Agency.

In consideration of the mutual covenants and conditions hereinafter expressed, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and parties hereto covenant and agree as follows:

1. **DUTIES OF CONTRACTOR: (FIRST RESPONDERS WELLNESS CENTER)** hereby appoints contractor to serve and perform therapeutic officer wellness visits to each member of the Agency in a confidential meeting space (477 E. Butterfield Road Suite 408 Lombard, IL 60148, 100 Tri State International Suite 260 Lincolnshire, Illinois 60069, 1412 W. Washington Blvd. 2nd floor Chicago, Illinois 60607, telehealth, or agreed upon location). During this time, the contractor will spend one, 30-minute session per member in a therapeutic, private office to assess the individual of the Agency’s psychological strengths and weaknesses to increase the member’s coping skills, give the member psychoeducation about any specific needs and/or trauma, and/or give suggestions for overall mental wellness during the term of this Agreement. The Contractor will not diagnose a member of the Agency with a mental illness or determine their psychological suitability nor fitness for police and public safety

during the wellness visit. The contractor will not provide any information or notes to the Agency other than attendance of the member. The agency will not be responsible to pay for more than one 30 minute sessions per calendar year.

2. **CERTIFICATION/LICENSE:** Contractor shall at all times be duly certified/licensed to practice in the state of Illinois.

3. **RELATIONSHIP BETWEEN PARTIES:**

- A) In the performance of the work, duties, responsibilities, and obligations involving Contractor under this agreement, it is expressly understood and agreed between the parties that Contractor shall at all times act and perform as an independent contractor, specializing in the provision of wellness visit therapeutic services. Nothing in this agreement shall be deemed to constitute the parties as joint ventures or partners or anything other than independent contractors.
- B) As an independent contractor, Contractor will **not** be eligible to participate in any employee benefit program of agency and will **not** be eligible for vacation or holiday compensation.
- C) Agency shall neither have nor exercise any control or direction of the methods by which Contractor's work is performed, except that Contractor agrees to perform at all times in strict accordance with the currently approved practice of police psychology and ethics. Furthermore, Contractor shall follow all guidelines, policies, and procedures of Agency.
- D) Contractor assumes all liabilities and responsibilities concerning the withholding of federal, state, and local taxes and social security taxes, worker's compensation, disability, and unemployment insurance obligations if applicable. Contractor agrees to indemnify agency for any liability (including legal fees and costs) incurred as a result of Contractor not withholding income tax and social security or any other taxes, worker's compensation, disability and unemployment compensation obligations or contractor's failure to pay required income tax and social security or any other taxes, worker's compensation, disability, and unemployment obligations.

4. **WRITTEN ALLOCATION AGREEMENT AND ACCESS TO RECORDS:**

Contractor agrees to not maintain any records for Wellness Visits to the Agency other than the name and date of attendance of service. The Contractor will not maintain any records or notes for individuals of the Agency other than exceptions that are in accordance with Illinois law, these exceptions are if they are immediate harm to themselves or others, or report that they are abusing a child, elderly, or disabled person. *Exception see below.*

Exception:

If a member of the Agency discloses to the Contractor that the member is an immediate harm to themselves or another, is abusing a child, elderly or disabled person, the Contractor may have to contact 911 or the nearest police department and/or hospital to ascertain their safety. The clinician will not call the department but 911. Additionally, if a member of the Agency discloses that they are abusing a child, disabled or an elderly person. The Contractor will notify the appropriate agency and limit the disclosure to the minimum necessary to achieve the purpose and to be in compliance with Illinois law. If this exception would occur the Contractor will keep a report of the actions taken to be in compliance with the law and within the limits of confidentiality and HIPPA.

5. INSURANCE:

A) Contractor shall, at its own expense, carry and maintain occurrence type professional liability insurance in amounts not less than one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) in the aggregate. If occurrence type liability insurance is not available, Contractor shall purchase claims-made type professional liability insurance amounts not less than one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) in the aggregate. Upon request, contractor shall provide to Agency certificates of insurance evidence of the above coverage and renewals thereof.

B) Upon termination of this agreement for any reason if Contractor shall have purchased and carries claims-made professional liability insurance during the term of this Agreement pursuant to subparagraph (a) above, Contractor shall purchase all professional liability coverage in amounts no less than one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) in the aggregate covering the acts and omissions of Contractor in the event that it terminates its Claims Made Policy or ceases to be insured in the State of Illinois.

6. **DISAGREEMENTS:** All matters of policy, rules, regulations, services, fees, and other items of induct, wherein Contractor may be involved in carrying out responsibilities, shall be jointly determined by Contractor and Agency. This contract shall be governed by the laws of the State of Illinois and the venue for any disputes shall be the state or federal courts in Cook County, Illinois.
7. **TERM:** The term of this Agreement shall be for a period of twenty-four (24) months once the first wellness visit has been scheduled. The Village shall have the option to renew this agreement for up to three additional one-year terms. (After 24 months there may be an increase in rate which will be sent in December before the renewal year.) Either party may terminate this Agreement at any time after 24 months without cause, upon no less than (30) day's written notice given

to the other party. In the event of termination, the final visit shall be released 90 days after all required documentation is submitted to the agency.

8. **LOCATION OF SERVICES:** If the location of services will be at a location other than the FRWC offices, it is required that there will be a **minimum of twelve but up to sixteen members** during the **daytime** hours or **eight members or more** in the **evening or weekend** hours to be seen consecutively on the date the therapist is scheduled to meet at the department with a usual goal of 12-14 members. It should be stated that the location has to be within one hour from our Lombard location. Generally, wellness visit meeting times can be scheduled between 0800-2000 hours, but they will need to be consecutive meeting times. For example, 0800-1630 or 1100-1930 hours if seeing eight members. FRWC may be able to meet outside of these hours based on clinicians' availability but there is no guarantee or should be an expectation.
9. **AMENDMENTS:** This agreement may be amended at any time by written instructions executed by the authorized official of Agency and Contractor.
10. **BILLING:** The Agency will pay bills within the requirements of the Local Government Prompt Payment Act (50 ILCS 505/). A wellness visit is \$103.00 per member for a 30-minute wellness visits for two years. The Total Annual Cost for All Officers at one (1) session per year: \$13,287 (129 officers x \$103).
11. **CANCELLATIONS/NO-SHOW:** We require a 24-hour notice for cancelations of wellness visit. We do understand that your department works in emergency services, so if there is an emergency, we suggest you have a backup for each wellness visit. We will grant up to two (2) emergency absences per calendar year, but all others will be a charge of \$45.00. If there is a no show or late cancellation not within 24 hours with no emergency or unavoidable work issue (i.e.officer is on a homicide call and cannot leave), there is a \$45.00 fee for the therapists time.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year first above written.

AGENCY: Village of Orland Park Police Department

Authorized Official for Agency: _____ **Date:** _____

Signature: _____

CONTRACTOR: First Responders Wellness Center/Dr. Carrie Steiner

Authorized Official for Contractor: Dr. Carrie Steiner **Date: 3/06/26**

Signature: 