Mental Health Fund

for Queer and Trans Black, Indigenous and People of Color

Third-party Payor Agreement & Release

The **National Queer and Trans Therapists of Color Network**, has made arrangements
(Third Party Payor)

with _____ to provide financial
(Name of client)

assistance for up to **6** psychotherapy sessions with:

Name of Psychotherapist: _____

Psychotherapist's License Number: _____

State of Licensure: _____

Supervisor's Name (if applicable): _____

Supervisor's License Number (if applicable): _____

This is an agreement reflecting the arrangement between the third party payor, the client, and the psychotherapy practitioner. The agreed upon number of sessions must be used within 16 weeks starting _____ and ending _____.
(Date) (Date)

If no sessions under this agreement have been utilized **within 30 days** after award date (_____), the awarded supplemental funding will be under review and may be redistributed back to the Mental Health Fund for other applicants.

We have agreed upon the following arrangements:

Fee Agreement for Psychotherapy Session: $_____

Third party payor payment per session: $_____ for up to **6 psychotherapy sessions**.

If a psychotherapist's fee exceeds the award amount, they are responsible for making arrangements with the awardee for the difference.

To receive payment, psychotherapists must submit an invoice monthly as well as a W-9 to NQTTCN using this link: https://nqttcn.com/en/mhf-documents/

Payments from third-party payor will be distributed **within 30 days** upon receipt of invoice and will be sent directly to the psychotherapist electronically. We strongly encourage practitioners to use the invoice template from our website to ensure that the invoice includes necessary information to process payment. Please note that NQTTCN is fiscally sponsored by Social & Environmental Entrepreneurs (SEE) and some financial payments will come from SEE on behalf of NQTTCN.

We realize that third party payment for services does not imply disclosure of confidential information. The client must sign a separate release of information form before any such communication outside of the terms of this agreement.

By signing this agreement, the client is providing informed consent for the psychotherapist to disclose information and provide communications solely needed for invoice payment purposes, such as date and number of sessions, practitioner contact information, and use of supplemental funds.

_____ _____

Signature of Client Date

_____ _____

Signature of Psychotherapy Practitioner Date

_____ _____

Signature of Third Party Payor Date