

## **INDEPENDENT CONTRACTOR – PSYCHIATRIC NURSE PRACTITIONER SERVICE AGREEMENT**

### **I. PARTIES**

This Independent Agreement (“Agreement”), effective October 1<sup>st</sup>, 2024, between City of Laredo Detoxification Department, ROOTS Recovery Center (“Center”), and Gloria Nataki Koroma (“Practitioner”).

The Center and the Practitioner are each referred to as a “Party” and, collectively, as the “Parties” agree to the following:

### **II. NATURE OF THE AGREEMENT**

The Center seeks a Psychiatric Nurse Practitioner to serve as a mid-level for the Detoxification Department’s 24-bed in-patient medical detoxification and crisis stabilization facility. The practitioner services required are as follows:

- (a) Conduct initial face-to-face evaluations to determine level of care to admit patients into services.
- (b) Asses the mental health needs of the patients by performing comprehensive psychiatric evaluations, and identify risk factors that might affect a patient’s mental health.
- (c) Formulate DSM-5 diagnoses based on the assessment and determine what will be the most effective plan of care.
- (d) Utilize psychopharmacology, and in collaboration with the staff at the Center (Licensed Professional Counselors, Case Managers and other medical staff), place patients on a regiment of therapy and prescription medication to improve their mental health.
- (e) Evaluate to ensure the desired outcome has been met. Re-assessment may be frequently needed depending upon overall patient condition. The plan of care may be adapted based on new assessment data.
- (f) Be available for on-call services to assist in medical emergencies.

### **III. CONSIDERATIONS & PAYMENT**

For the work performed, payment for services will be as follows:

- (a) \$250 per client for initial assessment
- (b) \$250 per psychiatric evaluation
- (c) \$75 per client for follow up appointments
- (d) \$85 per client for case consultation services, prescribing medication and required documentation.

Payments should be made at the end of each month upon submission of the invoice detailing the numbers of admissions, initial psychiatric evaluations, follow ups, documentation and consultation not to exceed \$100,00.00.

The Center engages and retains the Practitioner to provide the services and the Practitioner hereby accepts such engagement and agrees to provide the services.

#### **IV. TERMS & TERMINATION**

This Agreement shall be effective as of the date set forth and shall continue for a period of 12-months, ending September 30<sup>th</sup>, 2025.

This Agreement may be terminated with a 30-day written notice by either Party, immediately upon material breach of either party of the provisions under this Agreement, suspension or withdrawal of license, or as deemed necessary by the applicable regulatory authorities.

#### **V. CONVENANTS, REPRESENTATIONS, & WARRANTIES**

The Center represents and warrants that it is authorized to operate and perform clinical services and transactions, licensed in accordance with the laws and regulations of the State of Texas.

The Practitioner represents and warrants that they are licensed and authorized to perform the medical services for the Center, and is trained, experienced, and certified.

The Center shall furnish the Practitioner with reasonable administrative support to accomplish the duties and responsibilities under this Agreement.

The Center shall periodically evaluate Practitioner's performance under this Agreement.

The Practitioner is hereby retained to work for the Center and agrees to devote time, energy, and skills to deliver the duties and obligations stated in this Agreement.

#### **VI. GENERAL PROVISIONS**

##### **1. RELATIONSHIP**

The Practitioner acknowledges that this Agreement does not constitute an employment relationship with the Center. The Practitioner shall remain as a non-exclusive independent contractor hereunder.

##### **2. COMMUNICATION**

All forms of communication must be written and promptly delivered to the receiving Party through email.

Dr. Viviana Martinez [svmartinez@ci.laredo.tx.us](mailto:svmartinez@ci.laredo.tx.us)

Dr. Gloria Nataki Koroma [glorianataki@yahoo.com](mailto:glorianataki@yahoo.com)

All shared information during the performance of this Agreement shall be deemed confidential, and the Parties shall protect such information from any third party.

### **3. APPLICABLE LAW**

This Agreement and the interpretation of its terms will be under the laws of and subject to the exclusive jurisdiction of the State of Texas.

### **SIGNATURE**

**IN WITNESS WHEREOF**, each of the Parties has executed these agreements as of the day and year set forth above.

### **CITY OF LAREDO**

**ROOTS RECOVERY CENTER authorized signature:**

\_\_\_\_\_  
**Joseph Neeb**  
**City Manager**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Viviana Martinez, Ph.D., DHA, LCDC, CART, QMHP**  
**Detoxification Director**  
**1300 Chicago St.**  
**Laredo, Texas 78040**  
**956-679-2826**

**Date:** \_\_\_\_\_

### **APPROVED AS TO FORM**

\_\_\_\_\_  
**Amber Holmes**  
**Assistant City Attorney**

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Mario Maldonado, Jr.**  
**City Secretary**

**Provider:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Gloria Nataki Koroma, DNP, PNP**  
**3015 Chaucer Dr.**  
**Laredo, Texas 78041**