

## **INDEPENDENT CONTRACTOR – MEDICAL DIRECTOR**

### **PARTIES**

This Independent Medical Agreement (“Agreement”), created on May 1st, 2024, is executive between City of Laredo Detoxification Department, ROOTS Recovery Center (“Center”), and Mateo Reyes (“Physician”).

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

### **NATURE OF THE AGREEMENT**

The Center seeks a Physician to serve as Medical Director for the Detoxification Department’s 24-bed in-patient medical detoxification and crisis stabilization facility. The medical director services required are as follows:

- Appropriate supervision of a mid-level provider
- Prescriptive Authority
- Chart Reviews
- Approval of admissions & discharges
- Standing Orders
- Consultation for complex patients
- Be available for on-call services to assist in medical emergencies

### **CONSIDERATIONS & PAYMENT**

The Physician shall receive a monthly compensation in the amount of twenty-one thousand six-hundred sixty-six dollars and sixty-six cents (\$21,666.66) payable within 30 days after receipt of invoice.

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

### **TERMS & TERMINATION**

This Agreement shall be effective as of the date set forth and shall continue through December 31<sup>st</sup>, 2026.

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.

## **CONVENANTS, REPRESENTATIONS, & WARRANTIES**

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

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

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

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

The Physician 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.

## **GENERAL PROVISIONS**

### **RELATIONSHIP**

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

### **COMMUNICATION**

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

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

### **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:** \_\_\_\_\_

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

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

**Physician:**

\_\_\_\_\_  
**Mateo Reyes, MD**  
**3527 Jaime Zapata Memorial Hwy #101**  
**Laredo, Texas 78046**

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