

## QUEST COUNSELING

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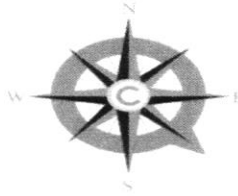
●600 Clifty Street, Suite 2 ●Somerset, KY 42503 ●Phone (606)678-0026● FAX (606)678-0047  
●47 Odis Court ●Stanford, KY 40484 ●qcllc@questcounselingllc.com

This memorandum of Agreement made and entered into on this date hereinafter stated, by and between the **GARRARD COUNTY SCHOOLS**, Parties of the FIRST PARTY, **QUEST COUNSELING LCC**, Party of the SECOND PARTY.

TO WIT: The purpose of this Agreement is to reduce to writing the Agreement and understanding to provide mental health and dual-diagnosis (mental health/substance abuse) school-based treatment services for the July 1, 2024 to June 30, 2025 academic school year.

The general terms of this Agreement are that the First Party will provide space and other consideration more particularly stated herein and the Second Party will provide counseling and other psychological services, also more particularly stated herein, to the student attending the Garrard County Schools.

- Therapists, employed by the Second Party for the purpose of performing services pursuant to this Agreement, is intended to mean a person with at least a master's degree in a human services field and licensed/certified by the appropriate state regulating board as defined in the Kentucky Revised Statutes and Kentucky Administrative Regulations.
- Case Managers employed by the Second Party for the purpose of performing services pursuant to this Agreement shall have minimum qualifications of a bachelor's degree in human services.
- If the principal has a problem with the program, he/she can discuss it with Nathan Fisher (Clinical Director), who will decide to speak to the therapist or appropriate Party or call a meeting to work it out.



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- If a teacher has information regarding a child's classroom behavior that a therapist may need to know, he/she can relay to the school personnel that they want to speak to a therapist. If a therapist needs to speak to the teacher, the school personnel can assist with making an appointment with the teacher during their break. It is expected that the teacher of each child receiving treatment services will conference with the therapist at least monthly and more often if deemed necessary by the therapist.
- Parents will be asked to sign a release of information for the school, the child's teacher, the school counselor (if appropriate), and the principal. Information will be discussed only for the purpose of assuring successful treatment on a need-to-know basis. Children will be seen as frequently as the treatment plan indicates.
- Payment for services will be by medical card, insurance, and/or parent. There is no billing or responsibility for payment by the school or the school board. No fees will be collected nor may be exchanged at the school, unless agreed upon in writing with the school district.
- If the child who is an identified client is in crisis after hours, assistance can be sought at any hour by calling (606) 678-0026. This phone number shall be made known to the parent or guardian or any student receiving services under this Agreement.
- Parents will be expected to participate in the treatment planning for the child and to meet with the therapist either at the school or at the outpatient clinic at least monthly. A therapist may request a case conference with the parents and the school, if warranted. School personnel may be asked to assist in accessing or contacting parents if difficulties arise.
- The school will provide an appropriate and confidential meeting space with a telephone, if possible, to the therapist.
- Treatment records will be housed at the outpatient clinic. No record keeping or billing will be done at the school.



**QUEST  
COUNSELING**

It is so agreed this the 12th day of September 12, 2024

FIRST PARTY:

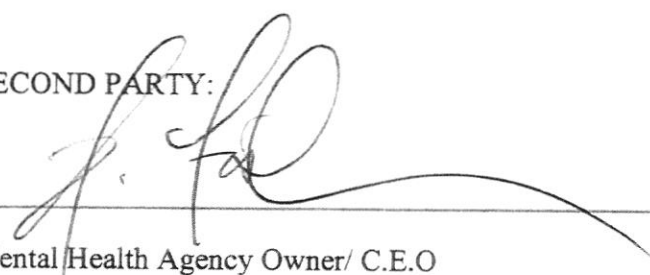
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Garrard County Board of Education Chairman

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Superintendent

SECOND PARTY:



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Mental Health Agency Owner/ C.E.O