



Network of Independent Interventionists (NII)
MEMBERSHIP RENEWAL FORM
Effective December 2018

Today's Date: _____

Name/Credentials _____

Mailing Address _____

City _____ State _____ Zip _____

Office Telephone _____ Cell _____

Email _____

Website _____

*****PLEASE SELECT THE NII COMMITTEE(S) YOU WILL SERVE ON IN 2019*****

Membership Ethics Bylaws Conference Planning

Elections Communication Special Projects NII History

Print Name: _____

Signature _____ Date _____

***Please email: your renewal form, Ethical Expectations Agreement, and Listserv Agreement to:
Kristin Agar, LCSW, CIP, CAI: kristin@kristinagar.com**

Please mail your check for 2019 membership dues of \$150.

Make check payable to: Barbara Bock/NII

Mail check to: Barbara Bock/NII 435 East 77th Street, Apt 8B, NY, NY 10075

Additional questions concerning NII membership should be directed to Membership Chair:
Kristin Agar (501) 258-5393 kristin@kristinagar.com



Network of Independent Interventionists (NII)
ETHICAL EXPECTATIONS AGREEMENT
(December 2018)

I, as a member of the Network of Independent Interventionists (NII), agree that the primary purpose of our work is for the best interest of our clients and their families. In addition, I agree to abide by the Codes of Ethics of the various organizations, certification boards, and/or licensing boards of which I am a member. (If I am not certified or licensed, then I agree to abide by the Code of Ethics of Certified Intervention Professional, set forth by the Pennsylvania Certification Board www.pacerboard.org.) I understand that what is said in the Network should stay within the Network. This includes all communication on the NII Listserv. You will be given a copy of the NII Listserv guidelines upon acceptance of your membership. **Furthermore, I agree with the following principles that are especially pertinent to Interventionists:**

(PLEASE INITIAL)

- ____ 1) I am not an employee of, nor am I on retainer at, a Residential treatment center or an IOP with residences. Further, I am not employed as a marketer for any addiction treatment facility (in-patient, IOP or out-patient). I also agree to notify the Membership Committee immediately should either of those change.
- ____ 2) I agree if acting as a consultant to a treatment center (such as contract work for trainings family programs, workshops, etc.) I will not appear affiliated with this treatment center to the general public. This shall include being listed as an employee on any facility website, promoting, marketing, or acting as ambassador for a treatment center on social media.
- ____ 3) I agree to accept only reasonable and customary compensation from a treatment center for specific work performed and I am willing and able to document that.
- ____ 4) In the event that I have received customary and reasonable compensation for work performed at a treatment center within the past two (2) years, I will fully disclose that fact to any and all clients to whom I recommend said treatment center.
- ____ 5) I agree not to pay or accept compensation, direct or indirect, for patient referrals to any treatment center and/or to any other person or organization (fee-splitting), nor will I perform any work that could be construed as marketing for treatment centers.
- ____ 6) I agree that the only commitment I will make to a treatment center is that I will consider referring patients that are clinically and financially appropriate.
- ____ 7) I agree that in cases of co-facilitation and/or supervision, I will be clear and honest with the co-facilitator and/or supervisee about what, if any, compensation will be paid to the co-facilitator and/or supervisee.
- ____ 8) I agree that any transport of a client will be within the framework of my **licensure, certification and scope of practice**. I further agree that all transports, either with same or different gender, will be treated with great sensitivity to that client's real or perceived issues of trauma and/or abuse. Extreme caution will be exercised at all times when considering transporting a client vs. utilizing the services of a transport company or member of the client's family.
- ____ 9) I agree not be sexually intimate with any member of an intervention team for whom I have facilitated the intervention.
- ____ 10) I agree to abide by all other ethical guidelines as set forth by my licensure and credentials.

By signing below, I am agreeing to all ethical guidelines and rules as listed on the NII Ethical Expectations Agreement.

Print Name: _____

Signature _____ Date _____

Failure to adhere to NII Membership Guidelines and Ethical Expectations may/will result in immediate suspension or revocation of NII membership, website listing, and Listserv.



Network of Independent Interventionists (NII)
LISTSERV AGREEMENT
(Effective December 2018)

NII Listserv Disclaimer: The NII Listserv communications are meant to be collaborative and supportive for the NII members, but in no way should be considered a substitute for clinical supervision, professional guidance or an endorsement for any particular treatment center or therapeutic modality.

Each member is personally responsible for working within the scope of their practice and performing due diligence in evaluating referral resources.

Non-Disclosure Agreement: All communications shared on the listserv should be considered privileged and confidential to the NII listserv participants only. No information given or discussed by a member on the listserv should be shared with an individual or entity outside of the NII listserv participants. Furthermore, no negative comments about an individual, referral resource or organization should be made over the listserv. NII members wishing to share potentially negative comments with another member are encouraged to do so privately with that member over the phone or through personal email correspondence. Failure to abide by these restrictions may result in a member being dropped from the listserv.

Print Name: _____

Signature _____ Date _____

My signing of this statement indicates that I have read, understand and agree to the above. The warnings and restrictions outlined in the disclaimer, non-disclosure agreement and the listserv guidelines are meant to protect NII and its members from unnecessary liability and/or engaging in unprofessional/unethical practices