

**Connecticut Association for Marriage and Family Therapy
Toll Free Telephone Referral Service
CAMFT Participating Clinical Member Agreement**

As a Member of the CAMFT Toll Free Telephone Referral Service, I understand that I must meet the membership criteria and agree to the conditions of participation in the Service as listed below:

1. I am currently a Clinical Member of the Connecticut Association for Marriage and Family Therapy.
2. I am currently licensed in mental health by the State of Connecticut.
3. I maintain professional liability insurance for my practice in a mental health profession with a minimum coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate.
4. I have provided completely accurate and ethical information on the CAMFT Participating Clinical Member Questionnaire.
5. I understand that my listing will not be placed in active status until all required documents are received by CAMFT.
6. I understand that any loss or suspension of my license will result in automatic and immediate deletion of my listing from the CAMFT Toll Free Telephone Referral Service until my license has been reinstated.
7. I agree to immediately notify the President of CAMFT of any circumstances that would change my eligibility for inclusion in the CAMFT Toll Free Telephone Referral Service listing, and I understand that the following circumstances may be cause for removal of my name from the Service listing:
 - Failure to maintain current Clinical Member status in CAMFT.
 - Failure to maintain a current license in mental health from the State of Connecticut.
 - Failure to maintain minimum professional liability insurance.
 - Any disciplinary action by a professional licensing body against me.
 - Any disciplinary action by the State of Connecticut Department of Public Health against me.
 - Any claim or lawsuit against me that involves providing mental health services.
8. I understand that any restriction applied by the Connecticut State Department of Public Health to my professional practice will be reflected in my listing until the restriction is removed.
9. I assume liability for any legal causes of action that may arise from the use or involvement with the CAMFT Toll Free Telephone Referral Service, and further, I waive any right or remedy in any legal cause or action against the CAMFT Toll Free Telephone Referral Service for any acts or omissions or conduct constituting ordinary negligence on the part of the CAMFT Toll-Free Telephone Referral Service.

By signing this Agreement, I indicate that I understand and agree to the conditions described herein.

Signature _____ Date _____

Print Name _____

PLEASE COMPLETE THIS AGREEMENT AND THE QUESTIONNAIRE AND SEND WITH with copies of current malpractice insurance and current Connecticut State License TO Carol Berran-Whitman at carolbwhitman@yahoo.com 11 Great Plain Rd., Danbury, CT 06811