Independent Healer & Provider Participation Agreement

A ready-to-sign commitment for participation in the HH4L collaborative network

Effective Date: _____ **Provider/Business:** _____

1. Purpose and Parties

This Agreement is between Holistic Healing 4 Life ("HH4L") and the healer, practitioner, or provider identified on page 2 ("Provider"). Its purpose is to establish Provider's participation in a community-centered network that helps people learn about holistic options and connect with independent providers. This is a collaborative network, not a franchise.

2. Independent Relationship

Provider remains an independent business or practitioner and keeps their own identity, scheduling, pricing, client relationships, records, methods, and professional judgment. Nothing in this Agreement creates employment, a partnership entity, agency, franchise, joint venture, or authority for either party to bind the other.

3. HH4L Network Support

Based on the choices made on page 2 and available opportunities, HH4L may provide:

- Visibility through the HH4L website, participating-provider directory, and community network.
- Introductions or referrals from people exploring a personalized holistic healing roadmap.
- Opportunities for classes, demonstrations, interviews, events, educational content, collaboration, and cross-referrals.
- Participation in human wellness, pet wellness, or both, and an agreed HH4L member discount or special offer.

4. Provider Responsibilities

Provider is solely responsible for maintaining all licenses, credentials, insurance, permits, disclosures, informed consent, records, privacy practices, advertising claims, taxes, and standards required for their services. Provider will work only within their lawful scope, provide accurate information to HH4L, treat referred people respectfully, and promptly report material changes affecting participation.

5. Participation Details and Publication

Provider selects desired participation on page 2. No profile or offer will be published until Provider supplies and confirms the final listing details. Provider authorizes HH4L to use the confirmed business name, biography, credentials, services, contact information, photographs, links, and agreed offer for network promotion. Provider may request reasonable corrections or removal at any time.

6. Member Offer

If Provider chooses to offer an HH4L member benefit, the exact discount, eligible services, limits, and exclusions must be written on page 2 or confirmed in writing. Provider controls service eligibility and remains responsible for honoring the confirmed offer. No discount is assumed unless mutually confirmed.

7. Optional Business-Growth Programs

Customer-database services, SenText Capital funding, and CareCredit enrollment are optional and separate from this Agreement. Each requires its own enrollment, qualification or approval, fees, service eligibility, and written terms. Checking an interest box only requests information and creates no purchase, loan, credit, or processing obligation.

8. No Guarantees; Client Choice

HH4L does not guarantee referrals, clients, income, employment, event placement, funding, CareCredit approval, or business results. Clients choose whether to contact or use a Provider. Provider is solely responsible for services, outcomes, billing, refunds, disputes, and client care. HH4L does not direct clinical decisions or guarantee Provider's work.

9. Term and Ending Participation

This Agreement begins when signed by Provider and accepted by HH4L. Either party may end participation by written notice. HH4L may pause or remove a listing immediately for safety, legal, credential, conduct, accuracy, or reputation concerns. Ending participation does not erase obligations or liabilities that arose before termination.

10. Complete Agreement and Signatures

Pages 1 and 2, together with any later written participation details signed or confirmed by both parties, form the agreement. Changes must be in writing. Electronic or typed signatures and copies may be accepted as originals. Provider may sign and submit this Agreement before meeting Eva; any later meeting is for onboarding, confirmation, and support—not a condition for Provider's decision to join.

Important: This practical business agreement is not a substitute for legal advice. HH4L and Provider may each have an attorney review it before signing.

Provider Information, Choices & Acceptance

Complete this page and return both pages. A meeting is not required before signing.

Provider legal name: _____

Business / practice name: _____

Modality or services: _____

Phone: _____

Email: _____

Business address / service area: _____

Website / social link: _____

Best contact method (check one): ☐ **Call** ☐ **Text** ☐ **Email** _____

PARTICIPATION CHOICES — CHECK ALL THAT APPLY

☐ Provider directory listing	☐ Client introductions/referrals	☐ Teach a class or demonstration
☐ Community or HH4L events	☐ Educational content/interviews	☐ Collaborate/cross-refer
☐ Human wellness services	☐ Pet wellness services	☐ Both human and pet wellness

HH4L MEMBER BENEFIT — COMPLETE ONLY IF OFFERING ONE

☐ **I will offer HH4L members:** _____

Eligible services, limits, or exclusions: _____

☐ I am not offering a member discount or special offer at this time.

OPTIONAL BUSINESS-GROWTH INTERESTS

☐ **Build my opt-in customer database** SenText: $99 setup + $99/month; separate written terms apply.	☐ **Learn about business funding** Separate application, lender approval, fees, and terms apply.	☐ **Explore accepting CareCredit** Separate enrollment, approval, fees, eligibility, and terms apply.

PROVIDER ACCEPTANCE

By signing below, Provider confirms that the information supplied is accurate; Provider has read and accepts both pages of this Agreement; and the signer has authority to enter this Agreement. Provider may submit the signed Agreement immediately without first meeting Eva. HH4L acceptance activates the network relationship.

_____ **Provider signature**	_____ **Date**
_____ **Printed name and title**	_____ **Business / practice**
_____ **Accepted for HH4L by Eva Hengstebeck**	_____ **Date**
_____ **HH4L notes / listing confirmation**	_____ **Activation date**

RETURN: eva.gsuadvisor@gmail.com | Questions: 714-928-2380 | www.myhh4l.com