Space Use Agreement

Heart Marrow Counseling · 3506 SE 66th Ave, Suite 202, Portland OR 97206

1. Parties

Heart Marrow Counseling, 3506 SE 66th Ave, Suite 202, Portland OR 97206

Practitioner: _____

License or credential: _____

Business name (if applicable): _____

Phone: _____

Email: _____

2. Schedule and Space

This agreement covers the following recurring schedule:

Office: _____

Day(s) of the week: _____

Start date: _____

Monthly rate: _____

Additional days may be added by written agreement between both parties, with the monthly rate adjusted accordingly.

3. Payment

Rent is due on the 1st of each month. Payment may be made by Venmo, Zelle, or check. Payment details will be provided separately. If you need a different form of payment, we can work that out.

Last month's rent is due at signing, along with the first month's rent. The last month's payment will be applied to the final month of this agreement.

4. Term and Notice

This is a month-to-month agreement beginning on the start date listed above.

Either party may end this agreement with thirty (30) days' written notice. Notice may be given by email. If notice is given mid-month, the agreement ends on the last day of the following month, and rent is owed through that date.

We ask that if your plans are changing — in schedule, direction, or otherwise — you let us know as soon as you know. We will do the same. We want to work with you through any transition.

5. Responsibilities

The Practitioner agrees to:

- Carry professional liability insurance and list Heart Marrow Counseling as additionally insured on that policy. A copy of the certificate of insurance is required before the first session.
- See clients in the assigned office and use the space for the purposes described in this agreement.
- Leave the space clean and as found.
- Follow building access and security protocols and communicate these to clients as needed.

Heart Marrow Counseling agrees to:

- Keep the space clean, functional, and ready for use.
- Give reasonable advance notice of any changes that affect the Practitioner's schedule or access.
- Treat the Practitioner and their clients with respect and support their work within this space.

6. Shared Space

Other practitioners and clients may be present in the building at the same time. We ask that everyone care for common areas and protect client privacy.

Please let us know if any safety concerns or maintenance issues come up.

7. Community

The Practitioner is welcome, but not required, to:

- Be listed as a Collaborating Practitioner on the Heart Marrow Counseling website
- Participate in optional community rituals
- Join peer gatherings

Participation does not affect the terms of this agreement.

8. Agreement

By signing below, both parties agree to the terms of this agreement.

Heart Marrow Counseling

Signature: _____

Printed name: _____

Date: _____

Practitioner

Signature: _____

Printed name: _____

Date: _____

Questions or comments: