



RENÉE DIVINE LMFT  
Relationship & Sex Therapist

## CLIENT'S RIGHTS AND INFORMATION

Effective communication between the client and therapist is an important part of the therapy process. The following information covers many of the questions that may arise about therapy, and includes a listing of the client's rights and obligations. Any questions you may have that are not covered may be brought to the attention of your therapist.

1. **The Bill of Rights** of clients obtaining psychological services is as follows. It is not a legal bill of rights, but a statement of what you can reasonably expect from a therapist.

YOU HAVE THE RIGHT:

- To ask questions at any time;
- To know when a therapist is available to see you, or if not, how long the waiting period would be;
- To be informed of the therapists area of specialization and limitations;
- To ask questions relevant to your therapy;
- To ask questions about written materials regarding your treatment;
- To negotiate treatment goals and to re-negotiate when necessary;
- To be informed regarding fees for therapy and methods of payments, including insurance reimbursement;
- To refuse a specific intervention or treatment strategy;
- To discuss aspects of your therapy with others outside the therapy situation, including consulting with another therapist;
- To request the therapist send a written report regarding services rendered to a qualified therapist or organization on your written authorization;
- To know the ethics code to which the therapist adheres;
- To solicit help from the ethics committee of the appropriate professional organization in the event of doubt or grievance regarding the therapist's conduct;
- To terminate therapy at any time.

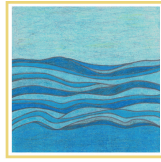
Further, as a client of a therapist, YOU HAVE THE RIGHT:

- To expect that a therapist has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board of Marriage and Family Therapy which contain the credentials of a therapist;
- To obtain a copy of the code of ethics from the Board of Marriage and Family Therapy, 2829 University Avenue SE, Suite 330, Minneapolis, Minnesota 55414-3222;
- To report complaints to the Board of Marriage and Family Therapy by calling (612) 617-2220;
- To be informed of the cost of professional service before receiving services;
- To privacy as defined by rule and law;
- To be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- To have access to their records as provided in Minnesota Statutes, section 144.335, subdivision 2;
- To be free from exploitation for the benefit or advantage of a therapist.

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PHONE / TEXT 612.323.7722 WEB [www.reneedivine.com](http://www.reneedivine.com)



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2. **Therapy** can involve some risk for the client in certain situations.

Sometimes the client will not obtain the desired results or goals from therapy in the time period expected. This can result in frustration and dissatisfaction. During the process of treatment, psychological pain and distress can arise as difficult issues are addressed and worked through. The therapist may recommend referral for supplemental care when appropriate. If adequate progress is not made or if it becomes apparent that the therapist does not have the skills necessary to address the client's issues that have emerged during treatment, the therapist may either refer for more specialized care or discontinue treatment and assist with a referral to an appropriate therapist, health care professional or therapy program.

3. **Confidentiality:** Confidentiality is maintained for all clients except in the following cases:

- If **child abuse** is either reported or suspected;
- When the **client is a minor**. The parent/guardians are entitled to know the condition, diagnosis and progress of treatment;
- If the client poses a "clear and imminent danger" either to themselves or someone else. The therapist is required to report such danger to the appropriate parties, including family members, police or the threatened party;
- If the client is or becomes a "**vulnerable adult**";
- If the **client releases information with a written authorization**;
- If a **court subpoenas your record**;
- When **consultation or supervision with another therapist** is desired in order to provide the best possible treatment. Such discussions will, of course, remain private within the consultations or supervisory relationship.

4. **Second Opinion:** If you would like a second opinion regarding your specific problems or condition, please bring this issue to the attention of the therapist and the therapist can offer assistance in obtaining an appropriate referral.

5. **Discontinuation of Therapy:** You may discontinue treatment at any time. Please feel free to discuss this with your therapist. Your therapist may discontinue therapy if financial conditions stipulated in the Professional Therapy Agreement are not met or if a transfer to another therapist is desirable.

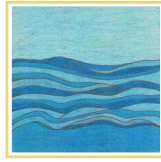
6. **Emergency:** Calls are returned during non-office hours as promptly as possible. If you are in a crisis and need immediate attention call 911 or refer to the below resources:

HCMC Acute Psychiatric Services	612-873-3161
HCMC Suicide Hotline	612-873-2222
Crisis Connection	612-379-6363
Child Protection	612-348-3552

**HIPPA INFORMATION:** THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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The Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by Recharging Relationships or Renee Divine, LMFT in any form, whether electronically, on paper or orally are kept properly confidential. The Act gives you, the client, significant rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, Recharging Relationships or Renee Divine, LMFT has prepared this explanation of how she is required to maintain the privacy of your health information and how she may use and disclose your treatment information.

I may use and disclose your medical records only for each of the following purposes:

**Treatment, Payment, and Health Care Operations.**

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care therapists. An example of this would include treatment session notes.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to a third party payer.
- **Health Care Operations** include business aspects of running my practice, such as conducting quality assessment and improving activities, auditing functions, cost-management analysis, confirming appointments and customer service. An example would be internal quality assessment review.

I may also create and distribute de-identified information by removing all references to individually identifiable information.

I may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to Recharging Relationships or Renee Divine, LMFT:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from me by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.

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- The right to amend your protected health information.
- The right to receive an accounting and disclosure of protected health information
- The right to obtain and I have the obligation to provide to you a paper copy of this notice from me at your first service delivery date.
- The right to provide and I am obligated to receive a written acknowledgement that you have received a copy of my *Notice of Privacy Practices*.

I am required by law to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy practices with respect to protected health information.

This notice is effective as of August 28, 2007 and I am required to abide by the terms of the *Notice of Privacy Practices* currently in effect. I reserve the right to change the terms of the *Notice of Privacy Practices* and to make the new notice provisions effective for all protected health information that I maintain. I will post and you may request a written copy of a revised *Notice of Privacy Practices* from the office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file formal, written complaint with me at the address below, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office.

Please contact me for more information:

For more information about HIPPA  
Or to file a complain

Renee Divine, MA, LMFT  
Recharging Relationships, LLC  
4748 Chicago Ave. South, Suite 9  
Minneapolis, MN 55407  
612.323.7722

U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, SW  
Washington, D.C. 20201  
202.629.0257  
1-877-696-6775