



RENÉE DIVINE LMFT
Relationship & Sex Therapist

PROFESSIONAL THERAPY AGREEMENT

This document contains my policies and procedures to therapy. It also includes important disclosures and information intended to protect you as a client. If you have any questions or would more information, please ask.

1. I acknowledge that the initial 75-minute intake session will be charged at a rate of \$170. Each standard 50-minute session will be charged at \$135. There will never be an increase in your rate. Rates for extended sessions are adjusted accordingly.
2. I can pay by cash, check or credit card, Flexible Savings Account (FSA), or Health Savings Account (HSA). I agree to pay at the beginning of each session or my card on file will be charged prior to the session. Credit card payments are made through Square. Receipts will not be provided through Square email or text as confidentiality can be at risk. If a receipt is required I will request a hard copy be provided.
3. I understand that all services are provided fee-for-service. Any reimbursement sought through an HSA, MSA, FSA or Out of Network Benefits is my personal responsibility. I am also responsible to verify that my counselor's services are reimbursable and will not hold Recharging Relationships, LLC responsible for any refusals of reimbursements.
4. I understand that I am responsible for a \$75 charge if I do not cancel my appointment 24 hours in advance (unless due to an illness or emergency). Missed fees cannot be charged to FSA or HSA accounts per their requirements. Clients will be personally responsible to pay for these charges by cash, check, debit, or credit card. If I miss two or more sessions without giving 24 hours notice, Renee Divine, MA, LMFT reserves the right to terminate our counseling relationship by letter or phone call.
5. I understand that my therapist, Renee Divine, MA, LMFT license #2725 is a Marriage and Family Therapist licensed by the State of Minnesota Regulatory Board of Marriage and Family Therapy. Should I have any concerns and/or complaints regarding my treatment I can contact the Minnesota Regulatory Board 612-617-2220.
6. I understand that my therapist, Renee Divine, MA, LMFT may discuss my case with other therapists if desired or needed to provide best possible treatment. Such discussions will remain private within the consultative relationship. Every effort is made to use non-identifying language of clients during consultations to protect privacy.
7. I understand that my therapist, if subpoenaed by the Court, may release my records.
8. In the event that the undersigned therapist reasonably believes that I am in danger to myself or another person, I specifically consent for the therapist to warn the person in danger and/or contact appropriate medical and law enforcement personnel. I am also aware that the therapist, as a mandated reporter, must notify appropriate authorities if she suspects or is told of abuse involving children or vulnerable adults.
9. It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Emails, in particular, are vulnerable to such unauthorized access due to the fact that email hosts have unlimited and direct access to all emails that go through their email servers. Faxes can easily be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication medium or devices. Renee has a strict policy to not discuss any treatment details with clients via email or text. This is to protect your privacy. Communication through these mediums to schedule appointments and other administrative matters is acceptable.
10. Your privacy in the social media world is very important. Renee has a Facebook page and Twitter feed where articles and personal perspectives about therapy are shared. Should you choose to "Like" or "Follow" and have the public see this you do so at

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your own risk to confidentiality. Connections on LinkedIn are not accepted in order to keep the relationship strictly as client/therapist.

11. I have read the above and understand its contents. I agree to abide by the provisions set forth above. I have been given a copy of "Client's Rights and Information" and I agree to read this information before my next therapy session, if I have not done so already.

Client Signature #1

Date

Client Signature #2

Date

Therapist Signature

Date

Payment Information

Type of Card _____

Card # _____

Exp Date _____

CW Code _____

Zip Code _____