



## Therapy Agreement

Welcome to Evergreen Therapy.

This document contains important information about the services you will be receiving. Please read it carefully. Before signing, ask Dr. Denise Fournier, LMHC any questions you may have about the contents of the agreement.

### Payment and Fees

I understand that payment is due at the time of service. Payment can be made with cash or credit card. I understand that regardless of the form of payment I use, I am required to complete a Credit Card Authorization form with a currently active card. If I pay by credit card, I consent to be charged a 3% processing fee.

I understand that the fees for service are as follows:

\$175 for 60-minute session  
\$250 for 90-minute session

### Cancellation Policy

I agree that should I need to cancel an appointment, I will notify Dr. Denise Fournier, LMHC **at least 24 hours in advance**. If I fail to do so, I understand that the missed session will be charged to the credit card I have on file.

### Insurance

I understand that Dr. Denise Fournier, LMHC is not an in-network provider with any insurance companies. If I would like to submit paperwork to my insurance company to be reimbursed at the rate set for out-of-network providers, I will notify Dr. Denise Fournier, LMHC so she can provide me with the necessary documentation, which I am responsible for submitting.

### Confidentiality

I understand that what I discuss in my therapy sessions is strictly confidential, with the following exceptions:

- My therapist is mandated by Florida law to report suspected child or elder abuse or neglect as mandated by Florida statute 415.504.

- My therapist is obligated to notify authorities and take professional action in response to statements of intent to harm oneself or another.
- My therapist must honor court subpoenas that require the release of specified information.
- My therapist may share information with me from my children's therapy sessions if she believes that my children are in danger.
- My therapist will not agree to keep secrets when working separately with partners in couples therapy.

**Emergencies**

I understand that my therapist is not available 24 hours a day and that in a crisis situation, I should call 911, Mount Sinai Hospital at (305) 674-2121, or the Miami Dade Crisis Hot Line at (305) 358-HELP.

**Litigation Limitation**

I agree that if I am involved in any legal proceedings during the course of therapy (including, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither my attorney nor I, nor anyone else acting on my behalf, will call on Dr. Denise Fournier, LMHC to testify in court or at any other proceeding. I agree to not ask Dr. Denise Fournier, LMHC to disclose my confidential records as part of my legal proceedings.

**Termination of Therapy**

I understand that the number of sessions and timing of the eventual termination of therapy will depend on my particular goals and the progress I achieve. I understand that I may discontinue therapy at any time. If Dr. Denise Fournier, LMHC or I determine that I am not benefiting from treatment, I agree that either of us may elect to initiate a discussion of treatment alternatives, which may include adjusting or changing my goals, being referred to another provider, or terminating therapy.

I have carefully read the information in this agreement and fully understand all the areas covered.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date