



### Acknowledgements

This form is an acknowledgement and recognition of policies and practices for Dr. Rachel Robbins and her practice, Divergent Worlds Psychotherapy and Consulting. Each item is a summary of information described in our forms, and is included here to include you in the therapy process.

I acknowledge the receipt of the HIPAA policies and practices form, Informed Consent policy, Telehealth consent policy, and Social Media and Contact policy for Dr. Rachel Robbins and Divergent Worlds.

I understand that Rachel Robbins, Psy.D., is a licensed psychologist in the state of California.

I know that this information will always be available to me upon request in both hard copy and digital formats.

Our agreed upon fee will be based on Dr. Robbins' sliding scale or insurance policy rate. I understand and agree to Dr Robbins' 48 hour cancellation fee, and that I will be charged the full session fee for late cancellations or no shows.