



Alicia Gerber, LMHC LLC

Authorizations

- I acknowledge that I have reviewed and understand Guiding Light Christian Counseling's Notice of Privacy Practices.
  
- I acknowledge that I have reviewed and understand Guiding Light Christian Counseling's Informed Consent for Therapy Services.
  
- I authorize payment of medical benefits to Guiding Light Christian Counseling. I understand that Guiding Light Christian Counseling will file my insurance as a courtesy to me, but I am financially responsible and agree to pay Guiding Light Christian Counseling within 60-days even if my insurance has not yet paid.
  
- I acknowledge that I have reviewed and understand Guiding Light Christian Counseling's Cancellation and No-Show Policy.
  
- I acknowledge that I have reviewed and understand Guiding Light Christian Counseling's Non-Subpoena Policy.

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Name of Client

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Signature of Identified Client

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Date

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If signature is not that of the client's, indicate relationship to the client