



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.

Name of Client

Signature of Identified Client

Date

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