

**Collaborative Marriage & Family Counseling
Consent Form**

Services Services provided include individual, couple, and family therapy. When appropriate, phone sessions and E-therapy are also available.

Scheduling Please call at least 24 hours in advance to cancel an appointment. You may be charged for appointments not kept or canceled without 24 hours notice. The charge for a “late cancel” or “no show” will be equivalent to the fee charged for the appointment.

Crises In case of emergency, contact **Life Crisis Services** at 314-647-4357. If the emergency is life-threatening, call 911 first. You may contact Renee Gebhart via phone, 314-276-1680 or email, renee@reneegebhart.com. Replies will be made at provider’s earliest convenience and at the fee rate noted below.

Fees Fees are dependent upon the service you choose. A receipt can be provided to you for your records and/or to submit for possible insurance reimbursement.

Initial Session for individual, couple, or family \$130
Individual (1 hour) \$100 Couple/Family (1 hour) \$120
Individual (1 ½ hr) \$150 Couple/Family (1 ½ hr) \$170
Individual (2 hour) \$200 Couple/Family (2 hour) \$240
Individual (3 hour) \$300 Couple/Family (3 hour) \$360
Phone Sessions & E-therapy: \$30 per 15 minute interval

Privacy Adherence is made to all state laws and professional ethical standards regarding your privilege of confidentiality. If you wish for contact with a referral source, family member, or other service provider, you will be asked to give your permission in writing. In the unlikely event that there is a danger to someone's life or health, or if there is a suspicion of child abuse, appropriate authorities will be notified. Also, information about your therapy can be subpoenaed by a court of law. You are welcome to review your records with me at your request. If you wish to make copies for yourself or another professional, you will be asked to sign a brief release form. A small fee may be charged for a copy of your file. Your signature below indicates that you have received this information. Please do not hesitate to ask if you have any questions. My complete privacy policy is available in hard copy or on my website: www.reneegebhart.com.

Signature Your signature indicates that you understand & accept the above described policies. Your signature gives permission for treatment of any children listed on the first page. Your signature states that you have legal guardianship over the children listed and that you are allowed to seek counseling services for them. Please sign and date your signature.

Client _____ Date: _____

Client _____ Date: _____

Therapist _____ Date: _____