



Consent for Services

Renée Gaubert, LCSW

Date: February 17, 2026

Patient: Example Client, DOB 6/1/2020

This form is called a Consent for Services (the "Consent"). Please review the information carefully, as it represents a professional contract between you and your therapist. You will have an opportunity to discuss the information with your therapist and ask any questions before signing.

THE THERAPY PROCESS

The psychotherapy process is a partnership between you and Renée Gaubert, LCSW ("therapist," "clinician," "practitioner," "provider," "social worker," or "counselor") to work on areas of dissatisfaction in your life or assist you with life goals. For psychotherapy to be most effective, you must take an active role in the process. This involves keeping scheduled appointments, listening to the therapist, being honest with the therapist, discussing the psychotherapy process with the therapist, and completing outside assignments agreed upon with the therapist. Psychotherapy can have both benefits and risks. While psychotherapy can be of benefit to most people, the psychotherapy process is not always helpful. The psychotherapy process also can evoke strong feelings and sometimes produce unanticipated changes in one's behavior. It is important that you discuss with the clinician any questions or discomfort you have regarding the psychotherapy process or any behavioral changes you may be experiencing. Your therapist may be able to help you understand the experience and/or use different methods or techniques that may be more satisfying.

YOUR THERAPIST'S QUALIFICATIONS

I am a Licensed Clinical Social Worker (LCSW). I earned a Bachelor of Arts degree in Sociology (Women's Studies minor) from Loyola University in 2008 and a Master of Social Work degree (MSW) from Tulane School of Social Work in 2010. I have over 10 years of clinical experience specializing in trauma recovery, relational problems, adjustment disorders, and mood disorders. I am also a registered yoga instructor and dance instructor.

LICENSING INFORMATION

LA LCSW-11185 issued by the [Louisiana State Board of Social Work Examiners](#)

18550 Highland Road, Suite B

Baton Rouge, LA 70809

Telephone: [225-756-3470](tel:225-756-3470)

Website: <http://www.labswe.org>

FL TPRN-630 issued by the [Florida Department of Health](#)

Website: <http://www.floridahealth.gov/>

AZ LCSW-22169 issued by the [Arizona State Board of Behavioral Health Examiners](#)

1740 West Adams St., #3600

[Phoenix, AZ 85007](#)

Telephone: [602-542-1882](tel:602-542-1882)

Website: <http://www.azbbhe.us/>

CA LCSW-125333 issued by the [California Board of Behavioral Sciences](#)



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Telephone: (916) 574-7830.

Website: <https://www.bbs.ca.gov>

TREATMENT APPROACH

My treatment approach is oriented in relational cultural theory, which provides an intersectional feminist framework for trauma-informed interventions. I integrate cognitive processing therapy (CPT), cognitive behavioral therapy (CBT), and dialectical behavioral therapy (DBT) interventions to help my clients manage overwhelming emotions, change self-destructive habits, improve personal relationships, and feel more in control of their lives. I strongly uphold social work's core values and facilitate understanding the social, political, economic, environmental, and biological components of mental health problems, as well as the psychological ones. I see growth-fostering relationships as a source of empowerment and build a collaborative therapeutic space with my clients so that they can translate what happens in session to every facet of their lives. I advocate a holistic approach that honors the mind-body connection and may incorporate yoga, breathwork, and movement into treatment. Your therapeutic process should reflect and develop your unique strengths, and I welcome feedback throughout our work together.

TELEHEALTH SERVICES

This practice is 100% telehealth, meaning no services are provided in person. Telehealth ("telemedicine," "teletherapy," or "telemental health") is the practice of delivering clinical healthcare services via technology-assisted media or other electronic means between a practitioner and a client who are located in two different locations. To use telehealth, you need an internet connection and a device with a camera for video. Your therapist can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your therapist will recommend a different option and provide appropriate referrals. There are unique risks, benefits, and expectations for telehealth services.

Risks:

- Privacy and Confidentiality. You will be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. You will also need to verify your identity by uploading a government-issued photo ID. Your therapist carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.
- Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a video session, your therapist will attempt to conduct the session through a phone call.
- Crisis Management. It may be difficult for your therapist to provide immediate support during an emergency or crisis. You and your therapist will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a safety plan, and making a list of local support, emergency, and crisis services.

Benefits:

- Flexibility. You can attend therapy wherever is convenient for you so long as it is private and you can give your undivided attention.
- Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

Expectations:

- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Use headphones so that you can avoid voice echo during your sessions.
- Do not use video or audio to record your session unless you ask your therapist for their permission in advance.
- Make sure to let your therapist know if you are not in your usual location before starting any telehealth session.



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CONFIDENTIALITY

As your therapist, I will not disclose your personal information without your written permission unless required by law. If I must disclose your personal information without your permission, I will attempt to discuss this with you first, and I will only disclose the minimum necessary to satisfy the obligation. I will continue to maintain the confidentiality of client information upon termination of the professional relationship, except as provided under applicable law.

Confidentiality limits shall include, but are not limited to, the following situations:

- If I am lawfully issued and served with a subpoena requiring me to appear in court and/or release your records.
- Where required by federal or state law, including mandatory reporting laws, requiring release of client information.
- If you report that another healthcare provider is engaging in inappropriate behavior, I may be required to report this information to the appropriate licensing board.
- If I believe there is a specific, credible threat of harm to someone else, I may be required by law to warn the other person and notify law enforcement.
- If I have reason to believe a minor or elderly individual is a victim of abuse or neglect, I am required by law to contact the appropriate authorities.
- If I believe that you are at imminent risk of harming yourself, I may contact law enforcement or other crisis services.

The above is considered a summary. If you have questions about specific situations or any aspects of confidentiality, please feel free to discuss your concerns with your therapist. The laws and rules on confidentiality are complicated. Please bear in mind that your therapist is not able to give you legal advice. If you have special or unusual concerns, and so need special advice, it is recommended strongly you speak with a lawyer to protect your interests legally and to act in your best interests.

RECORD KEEPING

Your therapist is required to keep records of your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system. Upon request, you may review your counseling records. You will be asked to arrange an appointment with your therapist to review the information. You reserve the right to request the therapist to make corrections or additions to your records. You may be charged a full or partial session fee for administrative costs related to getting copies for your records. Records are maintained for a minimum of seven years after your last contact with your therapist.

PROFESSIONAL EXECUTOR

In case I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated a colleague, Catherine Schully, LPC, as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with



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another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

COMMUNICATION POLICY

Secure communications are the best way to communicate personal information, though no method is entirely without risk. My email, phone, and text messaging services are provided by Google, so you are encouraged to review their confidentiality/security measures along with those of the provider(s) you use. If you decide to be contacted via non-secure methods, your therapist will document this in your record.

Client Portal: Your electronic health record provided by TherapyNotes has an integrated client portal (TherapyPortal) that provides secure communication for scheduling appointments, completing paperwork, and exchanging therapeutic homework assignments. You can access this portal at any time by typing <https://www.therapyportal.com/p/rgaubert/> into your web browser, or by clicking the link on my website. This is also how we connect for video sessions. By default, appointment reminders are sent from TherapyPortal to the email address you provide. You can opt out of these emails at any time.

Phone: Your therapist can be reached by phone at [504-315-5663](tel:504-315-5663). If I do not answer, please leave a voicemail message with your full name and callback number, and I will return your call as soon as possible. I do not return missed calls. Should you feel in need of urgent help or that you are in crisis at any time during our work together, please call 911 or local emergency services. You can also dial 988 to reach the Suicide and Crisis Lifeline or find additional crisis resources on my website.

Email and Text Messaging: Email and text message communications should be limited to topics like scheduling and changing appointments and billing matters. Although email and text messages may seem like fast ways to contact someone, they are not secure, and I can not guarantee if or when your message will be received and answered. Note that any message you send me, and any attachments, become part of your record. My responses are typically brief and directed toward planning the next session. If you need to discuss a clinical matter with me, please call me and/or schedule a therapy session.

Social Media: I do not communicate with, or contact, any of my clients through social media platforms like Facebook. I participate on various social networks, socially and/or professionally. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. If you try to communicate with me through social media, I will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.

Websites: Your therapist may publish content on various websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. I have a website that you are free to access (www.moving-through-trauma.com). I use it for professional reasons to provide information to others about me and my practice. In addition to psychotherapy services, my website advertises my work as a yoga instructor and professional dancer. You are welcome to access and review the information, and if you have questions, we can discuss them during your therapy sessions.

Internet Searches: Information is best gathered directly. I will not use Internet searches to gather information about you without your permission because I believe this violates your privacy rights. However, I understand that you might choose to gather information about me in this way. If you encounter any information about me through internet searches, please let me know during



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our sessions so we can discuss any potential impact on your treatment.

Reviews: You may find my practice on sites that list businesses and allow users to rate their therapists or add reviews. My licensing board prohibits me from soliciting client reviews. If you see your therapist on any form of review website, it is not a solicitation for a review. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality before leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing in other places without your knowledge. Due to confidentiality restrictions, I cannot respond to any review on any site whether it is positive or negative. I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit.

Public Encounters: To protect client confidentiality and preserve the boundaries of the professional relationship, I do not acknowledge clients if I see them in public. If we encounter each other in public, we will discuss the encounter in our next session to determine any potential impact on the therapeutic relationship.

CONSULTATION

When appropriate, therapists consult with other clinicians regarding treatment concerns discussed on behalf of the client or to gain psychoeducation regarding diagnosis and treatment. No identifying information will be used in these discussions to protect client confidentiality.

FEES AND PAYMENT FOR SERVICES

Psychotherapy involves the exchange of money between therapist and client. Therapy is a personal investment in one's growth and overall well-being. Within the context of a healthy therapeutic relationship, financial matters are addressed directly and honestly. It is expected that payment will be made for the therapeutic services provided as outlined in this agreement. Fees are determined at the sole discretion of Renée Gaubert, LCSW, and are subject to change with advance notice. Periodically your therapist's fees may increase due to inflation and variable overhead costs. My current fee schedule is outlined below and, on my website, www.reneegaubert.com. I will give you at least 30 days written notice of any increase in your fees. I am not in-network with any insurance company, so I do not accept insurance. If your insurance plan offers out-of-network benefits you would like to take advantage of, I will be happy to provide you with the necessary documentation, a "Superbill," that you can submit to your insurance company for reimbursement for services. However, I cannot guarantee that you will receive reimbursement. That is solely at the discretion of your insurance company.

STANDARD PSYCHOTHERAPY FEES

Initial Consult (up to 15 mins): \$0

Therapy Intake: \$275

Individual Psychotherapy (60 mins): \$275

Individual Psychotherapy (45 mins): \$200

Individual Psychotherapy (25 mins): \$125

Other Services (coordination of care, record reviews, etc.) \$200/hr billed in 15-minute increments



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ADMINISTRATIVE FEES

Services provided outside of regularly scheduled appointments such as report writing, preparation of records or treatment summaries, extended phone consultations, and the time spent performing any other service you may request of me are charged on a prorated basis in increments of 15 minutes at \$200 per hour. You will be charged for the copying, faxing, and mailing fees of documents. The minimum administrative fee is \$25. Because of the complexity and difficulty of legal involvement, I charge separate legal fees (see below). All administrative and legal fees are charged to the client even if the client is no longer receiving treatment from Renée Gaubert, LCSW.

LEGAL FEES

Clients are discouraged from having their therapist subpoenaed. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, you will be expected to pay for all my professional time, including preparation and transportation costs, even if I am called to testify by another party. Legal matters take time out of a therapist's practice and away from other clients. If the therapist is subpoenaed for a legal proceeding, all time spent in relation to the matter will be billed to the client at the rate of \$300 per hour (e.g., travel time, waiting to testify, speaking to lawyers, filing documents, etc.). You will also be billed at the IRS standard mileage rate for any travel required of your therapist for the matter. If your therapist needs to retain a lawyer in relation to your treatment (e.g., divorce, severe mental illness, legal/nonlegal guardianship, safety, harassment, etc.), you will be responsible for paying your therapist's legal fees. A retainer of \$1500 is due to your therapist in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 48 hours' notice, there will be an additional \$300 "express" charge. Also, if the case is reset with less than 72 business hours' notice, then the client will be charged \$500 (in addition to the retainer of \$1500).

PAYMENT METHODS

The practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges. The client portal allows you to view your balance due and make one-time full or partial payments via credit card yourself. Payment is also accepted through Zelle, Venmo, or PayPal to renee.gaubert.lcsw@gmail.com.

ELECTRONIC PAYMENT COMMUNICATIONS DISCLOSURE

I have a duty to uphold your confidentiality, and thus I wish to make sure that your use of the above payment services is done as securely and privately as possible. After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include my business name and may indicate that you have paid for a therapy session. It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. I am unable to control this in many cases, and I may not be able to control which email address or phone number receives your receipts. In addition to these possible emails or text messages, payments may appear on your statement as being made to Renée Gaubert, LCSW. Please consider who might have access to your receipts and statements before choosing your payment method. A note about Venmo: Venmo is a social media app that also displays payments on your Venmo "wall" or "stories," as well as a "friends"



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list. Venmo only displays whatever the payer tells it to display, so you have a fair amount of control over what is revealed by Venmo. My Venmo username is @Renee-Gaubert, and all my settings are "private."

LATE PAYMENTS AND BALANCE ACCRUAL

If you are unable to pay for services, tell your therapist before your appointment. Your therapist may offer payment plans or a temporarily reduced rate. The credit card on file will be charged at the time of service unless other arrangements have been made in advance. If the credit card on file is declined, a \$5 late payment fee will be added to the balance, and you will be notified to pay with a different card through the client portal. If the account has a balance 7 days past due and no payment plan has been arranged, it will be considered delinquent and an additional \$5 will be added to the balance each week it remains unpaid. If the account becomes 60 days delinquent, services will be terminated, the account will be placed with a collection agency, and an additional 35% could be added to the unpaid balance. Any balance due will continue to be due until paid in full. The client will be responsible for the full balance due, and any costs associated with collecting the balance.

CANCELLATION / NO-SHOW POLICY

The practice has a 24-hour cancellation policy. Your appointment blocks a time that another client can book and guarantees that your therapist will be available, prepared, and focused on you during that time. Once an appointment is scheduled, you will be charged for it unless you cancel or reschedule with at least 24 hours notice, regardless of the circumstances. I understand conflicts may come up unexpectedly and will accommodate a change in time on the same day if I can. If I am not able to accommodate a change, you will be charged for the time originally reserved for you whether you appear or not. We can conduct sessions via phone call as long as you are in a safe, private location. An appointment will be considered a no-show if you fail to connect within 10 minutes of your scheduled appointment time, or if we are unable to conduct the session because you are driving, biking, in a public setting, or on the clock at work. If you are late to an appointment, experience a technological failure, or end the session early, you will still be charged for the full time reserved for you. By keeping scheduled appointments and beginning and ending sessions on time, we are conveying mutual respect and honoring our professional commitment to each other. If you fail to show or cancel late twice within one month, you will be discharged from my care with appropriate referrals upon the third.

ENVIRONMENT OF CARE

You are expected to maintain a safe and protective environment at all times. Please remember that your therapist is a mandated reporter. Children and youth should always be protected from firearms, drugs, alcohol, and abuse. We can not have a session if you are under the influence of alcohol or recreational drugs. If you are having thoughts of hurting yourself or someone else or feel you are in an unsafe environment, you must discuss this with your therapist as soon as possible. Once unsafe environmental issues have been identified, you will be required to resolve the situation immediately. This includes developing and following a Safety Plan. Failure to do so may result in the termination of services with appropriate referrals.

EMERGENCY PROTOCOLS

Should you feel in need of urgent help or that you are in crisis at any time during our work together, please call 911 or local emergency services. You can also dial 988 to reach the Suicide and Crisis Lifeline, or visit my website for a list of crisis resources. Renée Gaubert, LCSW does not provide any emergency services or crisis counseling. However, emergencies may arise during our



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sessions or communications. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person whom I may contact on your behalf in a life-threatening emergency only. If I believe that you are at imminent risk of harming yourself or someone else, I may contact law enforcement or other crisis services. I will always attempt to first discuss with you other options to keep you safe.

TERMINATION

You may terminate the therapeutic relationship at any time, for any reason. Your therapist can provide you with a list of referrals for therapists in the community. To help you transition, your therapist may request one last formalized session so you can provide your therapist feedback and consider your next steps. You will be responsible for any outstanding payments for services received. The therapist can also terminate the therapeutic relationship under certain circumstances, such as if a higher level of care is indicated, if the client becomes noncompliant or moves out of the state, if a conflict of interest or dual relationship arises, or if the therapist is no longer able to perform therapist duties. At the time of discharge, you will receive a formal termination letter through the client portal. You can resume therapy at any time by contacting your therapist or scheduling an appointment online, provided your therapist has availability and resuming teletherapy is clinically appropriate for you.

COMPLAINTS

If you feel your therapist has engaged in improper or unethical behavior, you may discuss this with your therapist, contact the licensing board that issued your therapist's license to practice in your state (see "Licensing Information" above), or contact the US Department of Health and Human Services at [\(800\) 772-1213](tel:8007721213).

NOTICE TO CLIENTS IN CALIFORNIA

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

As a convenience to me, I hereby request that Renée Gaubert, LCSW communicate with me regarding my treatment by Renée Gaubert, LCSW via electronic communications (internet, email, and text message). I understand that this means Renée Gaubert, LCSW, and/or my treating providers will transmit my protected health information such as information about my appointments, diagnosis, medications, progress, payments, and other individually identifiable information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by email, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete, or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization will not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Renée Gaubert, LCSW shall not have any responsibility or liability with respect to any error, omission, claim, or loss arising from or in connection with the electronic communication of information by Renée Gaubert, LCSW to me.



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After being provided notice of the risks inherent in the use of electronic communications, I hereby expressly authorize Renée Gaubert, LCSW to communicate electronically with me, which will include the transmission of my protected health information electronically. I understand that in the event I no longer wish to receive electronic communications from Renée Gaubert, LCSW, I may revoke this authorization by providing written notice to Renée Gaubert, LCSW at renee.gaubert.lcsw@gmail.com. This authorization does not allow for electronic transmission of my protected health information to third parties, and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

By signing this form, I authorize Renée Gaubert, LCSW to send me emails, voicemails, and text messages (SMS) regarding scheduling, treatment, and billing. I also understand that I or the provider may revoke this permission in writing at any time. I agree not to hold the provider liable for any electronic messaging charges or fees generated by this service. I further agree that if my contact information changes, I will inform my provider. I hereby authorize the transmission of my protected health information electronically as described above.

TELEMENTAL HEALTH INFORMED CONSENT

I hereby consent to participate in telemental health with Renée Gaubert, LCSW as part of my psychotherapy. I understand that telemental health ("telemedicine," "teletherapy," or "telehealth") is the practice of delivering clinical health care services via technology-assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

1. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
2. I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
4. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
5. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
6. I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, we will end and restart the session or switch to a phone call. If we are unable to reconnect within five (5) minutes, the appointment will need to be rescheduled. The fee for the time originally booked will still be charged.
7. I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form



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and all of my questions have been answered to my satisfaction. I hereby give my consent to Renée Gaubert, LCSW to evaluate, provide psychotherapy services, and/or refer me to others as needed. This authorization is valid with immediate effect and remains valid until I revoke or restrict my consent in writing.

Signature

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.

Example Client

February 17, 2026