

Beth Kanne-Casselmann, MEd, LMFT
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Informed Consent
(5 Pages. Revised 2021)

Introduction

This document is intended to provide important information to you regarding our working together. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

Information about Me

You are free to ask questions at any time about my background, experience and professional orientation. I am a Licensed Marriage and Family Therapist, License number MFC48118.

Fees

The fee for service is \$175.00-\$190.00 per individual therapy session and conjoint (marital /family) therapy session.

Individual Sessions and conjoint (marital /family) sessions are 50 minutes in length. Sessions with children (3-16 years) are 45 minutes.

The fee for any court appearance (subpoenaed or expert witness) is \$3500.00/day.

Any email correspondence, phone calls, or written documents will be charged accordingly after the first 15 minutes.

Please be sure to provide the information requested on this document, pages 3-5.

I am happy to provide a super-bill for insurance reimbursement purposes upon request unless a Private Pay Agreement has been signed.

Fees are payable at the time that services are rendered unless another arrangement is made.

I accept payments by cash or check.