

# Theresa Qualls Counseling

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## Disclosure

I have read Theresa Qualls Counseling's 'Disclosure Statement,' and understand issues of therapeutic orientation, scheduling, fees, confidentiality, contact, conduct, & emergencies.

## Payment

I have also read & understand the terms of providing my credit card information to Theresa Qualls Counseling. I understand that my credit card may be charged if I incur a 'no show' or 'late cancel' fee. Cancellations can be made without charge with a 24 hour notice. Any questions I have about this practice have been answered.

## Credit Card Information

MasterCard  
 Visa  
 American Express  
 Discover  
 Other \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Zip Code w/card \_\_\_\_\_

## Waiver of Liability

I release my counselor/psychotherapist from any & all liability (past, present, future) relating to counseling & psychotherapy services received.

## Signature

\_\_\_\_\_  
client signature

\_\_\_\_\_  
date