

CREDIT CARD AUTHORIZATION AGREEMENT

Your credit card information will be stored securely, in compliance with Federal HIPAA standards. If you have any questions or concerns regarding billing/payment policies, please discuss with your counselor.

I _____ (First and last name of card holder) authorize Coffee with Casey Counseling, LLC to charge my credit/debit for professional services.

Please initial:

_____ You will be charged a full fee for any missed sessions with less than 48 hours' notice.

Missed Session Policy:

_____ If you have more than 2 cancelations during the course of therapy, we may discuss the need for continuing therapy. Should you express continued interest in therapy, prepayment may be required.

I have read and understand the Credit Card Authorization Agreement and give Coffee with Casey Counseling, LLC permission to charge my credit card as stated above.