

Juliet West Counseling Credit Card Authorization Form

Please note: by signing below, you agree this form will be securely stored in your HIPAA compliant clinical file and you are willing to assume the risk for keeping this information on file.

I authorize Juliet West Counseling to keep my signature and credit card information on file to charge therapy session fees (if not paying by cash or check), any appointments that are not cancelled within 24 hours of the scheduled appointment time:

(Client's Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that though this information is secured in my client file and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised. Additionally, I agree that the card listed below may be charged by Juliet West Counseling in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services. **Initial** _____

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact Juliet West Counseling for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Juliet West Counseling and those attempts have failed. **Initial** _____

Further, if I am assuming session payment responsibility for the client above whose name is listed in the printed area, and that client is someone other than myself, I understand that I am not entitled to information pertaining to confidential therapy sessions as provided by Juliet West Counseling. **Initial** _____

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions stated above:

Signature _____

Cardholder Name [print]: _____

Relationship to client: _____

Card Type (circle one): 1. Visa 2. Mastercard 3. American Express 4. Discover Acct. Number: _____
Exp. Date: _____

CVV number: _____ (3-digit number in reverse italics on the back of the credit card) Billing Address: _____

I understand that my therapy sessions will be charged via this form:

Cardholder Signature: _____

Date: _____

Juliet West Counseling
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