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### Credit Card Payment Authorization

**PHONE/VIDEO SESSIONS:** When participating in video or phone sessions, I authorize my therapist to charge my credit/debit card at the time of the session or afterwards.

**MISSED SESSIONS:** I understand that when I schedule an appointment, whether in-person or by video or phone, that time is held for me. I also understand that insurance or EAP plans typically will not pay for missed sessions. Therefore, I understand if I cancel or reschedule a session without 24 hours' notice or if I do not show for the appointment, I authorize my therapist to charge my credit or debit card for the missed session. If using insurance, the missed session fee will be the full session fee (not just my insurance copayment).

**HEALTH SAVINGS ACCOUNTS (HSA) CARDS:** If I have an HSA credit card, I authorize my therapist to charge the card for services at the time of the service or afterwards. I understand that missed sessions cannot be billed to HSA credit cards, nor can I bill sessions in advance on HAS cards.

**OTHER CHARGES:** I understand other charges that may be billed to my credit/debit card are bank fees for bounced checks or any balances not paid within 30 days.

**OTHER PAYMENT OPTIONS:** If I prefer not to use my credit card, I understand I may pay in advance for sessions by sending a check. However, I understand that a credit card may be charged by my therapist to cover missed sessions, bounced checks, and unpaid balances.

**CREDIT CARD INFORMATION:** In order to comply with Payment Card Industry Data Security Standards (PCI DSS), which are designed to prevent data theft and fraud, I understand that my credit/debit card information will not be stored in my medical record. I understand that I will give my credit card information verbally to my therapist and it will be immediately entered into a credit card processing portal which performs data encryption for added security.

I verify that the credit card information I provide is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest/additional costs incurred if denied.

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Signature

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Date

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Printed Name