

Ideal Life Counseling

Credit Card Authorization Form

Your credit card information will be stored in a HIPAA compliant online virtual terminal that is password protected for your safety. Secure methods will be put in place for your safety; however no company can 100% guarantee that any online system cannot be breached, thus you are accepting responsibility and risk allowing your counselor, Mona McGregor LMHC or Diona Breese, LMHC to store your information for therapy charges.

I authorize my counselor, Mona McGregor LMHC or Diona Breese, LMHC to keep my signature and credit card information on a virtual HIPAA compliant terminal that is password protected in order to charge therapy session fees, or for any appointments with her that are not cancelled 24 hours before the scheduled appointment time to be charged to my credit card, charge, debit card as filled out below for therapy services provided to

Client name _____

I understand that this authorization is valid until cancelled in writing. I understand that though this information is secured in an online protected client file, I agree to assume risk if the file and credit card information is compromised.

_____ (initial here)

I agree that if I have any concerns or questions regarding charges to my account, I will contact my counselor for assistance. I agree I will speak to my counselor, Mona McGregor LMHC or Diona Breese, LMHC before disputing any credit card charges, allowing her to rectify the situation.

_____ (initial here)

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

Cardholder Signature _____

Date _____