

Free Your Mind Therapy Services, LLC

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Financial Agreement and Authorization to Charge Credit Card

- Session fees are due at the time of service.
- Any appointments scheduled but not kept, as well as any appointments cancelled within 48 hours of scheduled time will be charged at the **full session fee** (\$73 or \$135 accordingly).

Client Name: _____

Date of Birth: _____

- I authorize Free Your Mind Therapy Services, LLC to charge my credit card for office charges.
- I understand that if my credit card does not accept the charge, I will immediately make payment to the practice.
- I understand that I may cancel this authorization at any time, but by doing so, I acknowledge that the balance owed will be due & paid in full.
- I acknowledge that credit card transactions could be linked to Protected Health Information.

Signature of Card Holder

Date

Below will be input to a secure data management system and written copy will be shredded for privacy protection.

Name on Credit Card:

Credit Card Number:

Expiration Date: _____ Security Code/CVV: _____

Zip Code: _____