



DEMOGRAPHIC INFORMATION :

Client's Full Name as Insured: _____ DOB: ____/____/____
Client's Preferred Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ Email: _____
Preferred contact method: Phone Email Either
Insured Gender: Female Male Identified Gender: Female Male Please Specify: _____
Preferred Pronouns: He/Him/His She/Her/Hers They/Them
Medications: _____

IF THE IDENTIFIED CLIENT IS UNDER 18 YEARS OLD:

ARE YOU THE LEGAL GUARDIAN? Yes No

MOTHER FATHER OTHER: _____
Last: _____ First: _____ MI: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Work Phone: _____ Alt Phone: _____

EMERGENCY CONTACT INFORMATION:

I volunteer to provide the below contact information and authorize SS Therapy and Consulting, LLC to contact any listed individual on my behalf in the event of an emergency. (Provide at least one contact)

- 1. EMERGENCY CONTACT NAME:** _____
Relationship to Client: _____ Address same as Client: ___Yes ___No
Address: _____ City: _____ State: ____ Zip: _____
Phone (Include area code): _____
- 2. EMERGENCY CONTACT NAME:** _____
Relationship to Client: _____ Address same as Client: ___Yes ___No
Address: _____ City: _____ State: ____
Zip: _____ Phone (Include area code): _____

Emergency contact information will be used in the event of a medical or mental health emergency. It can be used if the client(s) present as a safety risk to themselves or others. If a client presents with suicidal thoughts and a plan or intent to harm themselves, the emergency contact can and will be used to ensure the clients safety. If emergency services must be contacted for any reasons, the emergency contact will be utilized. Confidentiality is of utmost importance and emergency contact information will ONLY be used in events of safety concerns and emergencies.



INFORMED CONSENT

Welcome to SS Therapy and Consulting, Ltd.

Please discuss any questions or concerns with any of the licensed clinicians.

SERVICES: You are eligible for counseling services, assessment, and/or referral consultation services provided by SS Therapy and Consulting.

TERMINATION OF SERVICES: The following actions can result in the termination of services; failure to respond to the attempts to contact by a therapist, harassment or abusive behavior of any nature (verbal, physical, sexual) towards any therapist or others in the SS Therapy and Consulting, Ltd. Office Building, if higher level of care is recommended, no longer having insurance and/or medicaid eligible and unable to pay out of pocket, or voluntary termination. If a client or client family member engages in any of the following behaviors or situations, client will be referred to another clinician or agency on a case by case basis.

- Physical aggression towards staff or visitors of SS Therapy and Consulting, Ltd
- Destruction of property of SS Therapy and Consulting, Ltd
- Harassing behaviors in person or by phone/text or email towards any staff, client, or visitor of SS Therapy and Consulting, Ltd
- Any behaviors inciting riot, mass destruction, or significant harm to self or others
- Possessing illegal substances or material on the property of SS Therapy and Consulting, Ltd.

SESSION FEES: Your initial session when your full history is gathered is \$200. Charges for individual sessions are typically \$175. Charges for couple and family sessions are \$150. All out of pocket fees, including any co-pays or deductibles, are due at the time of your session.

INSURANCE: *Although your Health insurance MAY cover all your fees, ultimately it is your responsibility to cover all your costs. Some plans require preauthorization before your first visit. It is YOUR responsibility to obtain this authorization. Mental Health benefits may differ from your medical benefits so it is essential that you have researched your mental health benefits prior to your visit. If you have not done this prior to your visit, and/or your treatment is not a payable benefit, you will be responsible for the full cash payment at the time of service. Further, if your insurance carrier determines that the services received are not medically necessary, you will be responsible for full payment of your accrued fees.*

LATE CANCELATION/NO SHOW FEES: An appointment missed without cancellation will result in a full session rate no show fee. **A late cancel fee of up to \$175.00 may apply to individual sessions not canceled 24 hours in advance.** These fees must be paid prior to me holding your subsequent scheduled appointment/s or scheduling new appointments. Exceptions to the fee will be made at the therapists' discretion only.

EMERGENCY PROCEDURE: In the event you have a behavioral or mental health emergency please contact 911. SS Therapy and Consulting, Ltd. therapists are not typically available outside of business hours. Once 911 has been contacted, then please make an effort to contact your therapist.

If a client or anyone accompanying a client engages in any self-harm activity appropriate protective measures will be taken, including but not limited to eliminating access to parts of the SS Therapy and Consulting, Ltd office space, calling 911 or medical transport, and asking to leave the property. No staff is liable for any injury caused in any self-harm act or attempt to protect anyone from harming themselves.

If a client is perceived as being unsafe, 911 will be called. All SS Therapy and Consulting, Ltd staff and therapists as well as those who share office space with SS Therapy and Consulting, Ltd have a right to use their best judgement in deciding when



emergency services and protocols are necessary. Any confidential information that is shared in emergency situations is covered under self-harm or harm to others confidentiality exceptions and SS Therapy and Consulting, Ltd will not be held liable for information shared in such situations in accordance with state and federal law.

HOURS OF OPERATION SS Therapy and Consulting is open from 8:00am to 7pm, Monday thru Friday by appointment, with specific therapist schedules varying within those hours. Hours for SS Therapy and Consulting may vary depending on need and preference of therapists.

OFFICE SPACE NOTIFICATION: SS Therapy and Consulting shares office space with Emily Murphy of Murphy Counseling & Therapy Services and Andrea Gustafson of JMG Therapy & Counseling . Please be aware that at times either of these women may be the one to greet you in the lobby and at times will be providing case consultation and/or supervision for SS Therapy and Consulting therapists. Emily and Andrea adhere to the same privacy practices as all SS Therapy and Consulting therapists.

PRIVACY OF INFORMATION: Both professional ethics and the law require strict procedures to keep your information confidential. If you are 18 years of age or older, all information you share at SS Therapy and Consulting is privileged and treated confidentially according to state and federal law. The law requires that SS Therapy and Consulting, Ltd. obtain your signature acknowledging that SS Therapy and Consulting, Ltd. have provided you with this information. SS Therapy and Consulting, Ltd. will not release personally identifiable information without your prior written permission. There are some situations, however, in which we may legally and ethically be obligated to release counseling information, even without your consent. These include:

- Situations in which there is a clear and present danger that someone's life, health or safety is at risk.
- Cases of apparent abuse of a child or a dependent adult.
- Other situations required by state or federal law, such as subpoenas and court orders.

If you are under 18, you and your therapist will discuss communication of information with your guardians

- Disclosures required by health insurers or to collect overdue fees.
- You should be aware that SS Therapy and Consulting may need to share protected information with other professionals/partners for clinical/scheduling/billing issues. All these individuals have signed a HIPPA business agreement form agreeing to protect your private information and comply with all HIPPA guidelines.
- If you file a complaint against SS Therapy and Consulting SS Therapy and Consulting, Ltd. may disclose relevant information in order to establish any necessary defense/response.

SS Therapy and Consulting, Ltd. may employ more than one therapist at any given time. Therapists within the company may share information with each other about cases for the sole purpose of being better able to provide necessary services to clients. This can include case consultation or supervision between therapists to assist in providing the best possible treatment to our clients.

RISKS ASSOCIATED WITH COUNSELING: Therapy has been proven to be beneficial for most individuals. The minimal anticipated risks may include the experience of intense and unwanted feelings including sadness, fear, anger, guilt, or anxiety. While possibly uncomfortable temporarily, these feelings may be an important part of the therapy process.

SS THERAPY AND CONSULTING AND THE LEGAL SYSTEM: SS Therapy and Consulting, Ltd. does not offer forensic expert testimony or custody testimony to active clients. However, you can, and often should, seek therapeutic support at SS Therapy and Consulting as you work through a legal concern. SS Therapy and Consulting does offer forensic expert testimony, within the scope of the professional license of the therapists, as a single service separate from therapy with referrals provided for any outside therapy needs.

No therapist of SS Therapy and Consulting, Ltd will provide testimony on any matter for active or past therapy clients. Testimony of any kind violates confidentiality, harms the therapeutic alliance, and rarely benefits the therapeutic



process. Any client or clients' parent or guardian responsible for or involved with an attorney who issues a subpoena will be charged a \$200.00 fee for being served the subpoena. All subpoenas will be sent to the company attorney and efforts to quash will occur. All fees incurred by SS Therapy and Consulting, Ltd in an effort to quash a subpoena will be charged to the client responsible for issuing the subpoena. If the subpoena is unable to be quashed, the client will be responsible for \$2,100.00/half day to cover the cost of the therapist and an appropriate supervisor's loss of client contact for that time. Therapists will provide written reports as appropriate to clients and their attorneys if a release of information is signed and appropriate time to prepare such a report is given. Standard notification time based on therapist schedules is two weeks notice to provide written reports.

SS Therapy and Consulting, Ltd. often works with clients who are a part of the probation or DHS system. We try to cooperate with these systems as long as it is in the best interest of the client and the therapy being provided to the client. We are willing to email, call and provide written report updates to workers with written consent of the client. We do not provide custody recommendations or risk assessments. **We do not testify for or against any client.**

THERAPIST AND STAFF RIGHTS: Therapists and staff have a right to protect themselves as they deem necessary from any and all aggressive behavior directed toward them or colleagues. Any medical expenses incurred due to harm caused by clients or family/guests will be billed to the client. Therapists and staff have a right to restrain or contain clients, family/guests of clients as necessary due to harmful behaviors towards self or others. Therapists and staff have a right to ask anyone in the space or on the property of the office of SS Therapy and Consulting, Ltd to leave if that person is being disrespectful, dangerous, or disruptive. Therapists have the right to ask clients and their family/guests to leave the property if they client is perceived to be under the influence of substances. Therapists have the right to refuse to provide therapeutic services to anyone who presents with harmful materials, animals or other unsuitable material to a therapeutic environment. Therapist reserves the right to cancel or reschedule session if the client presents in a mental state or manner that is not conducive to a therapeutic environment and the client's identified goals. SS Therapy and Consulting, Ltd therapists have a right to call for welfare checks for any client they feel may be unsafe.

Liability: SS Therapy and Consulting, Ltd will not be held liable for accident or injury sustained while on SS Therapy and Consulting, Ltd. property. SS Therapy and Consulting, Ltd is not liable for any exposure to or possession of illegal substances or property brought to the SS Therapy and Consulting, Ltd office by clients or their accompanying persons. SS Therapy and Consulting, Ltd is not liable for the actions of any clients animals that are brought to the property of SS Therapy and Consulting, Ltd without permission.



By signing this agreement you:

- state that you have read and understand the information presented above
- hereby voluntarily consent to assessment and/or treatment at SS Therapy and Consulting, Ltd.
- will abide by the terms stated above
- confirm you have been given a copy of your HIPPA privacy rights

Client Signature

Date

Printed Name

Date of Birth

Client Signature

Date

Printed Name

Date of Birth

Signature of legal guardian for minor child-

Date

Therapist Signature

Date



**Verification of Receipt of Psychotherapy Practice Information,
Informed Consent, Consumer Rights Statement & Notice of Privacy Act**

I verify that I have been provided with a written informed consent for psychological services- including written information regarding risks and benefits of services, limitations of confidentiality & informed about my rights and responsibilities as a client, along with a written Notice of Privacy Rights under HIPPA and a general statement about consumer rights. I understand that SS Therapy and Consulting, Ltd therapists are willing to answer any questions I may have about these written documents.

Initial & Date: _____

Initial & Date: _____



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PROTECTED HEALTH INFORMATION: In the course of treatment, information regarding your care may be created and/or received. Information which can be used to identify you and which relates to your past, present or future physical or mental condition, receipt of care or payment for care is considered protected information and is protected by federal and state law. Federal law imposes certain obligations and duties upon providers of services with respect to your protected information. Specifically, SS Therapy and Consulting, Ltd. is required to:

- Provide you with notice of my legal duties and policies regarding the use and disclosure of your protected information;
- Maintain the confidentiality of your protected information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your protected information, unless under the law we are authorized to release your protected information without your authorization.
- Allow you to inspect and copy your protected information;
- Act on your request to amend protected information, although SS Therapy and Consulting, Ltd is not required to amend the protected information, within sixty (60) days and notify you of any delay which would require me to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate protected information by alternative means or methods;
- Notify you of any breach in your protected health information with sixty (60) days of discovery; and
- Abide by the terms of this notice.

HOW YOUR PROTECTED INFORMATION MAY BE USED AND DISCLOSED

Generally, your protected information may be used and disclosed only with your express written authorization. This written authorization includes to whom the information may be disclosed, what information may be disclosed, and for what purpose. You may revoke this authorization at any time, although any information released prior to the revocation may be used as stated on the consent.

There are some exceptions to this general rule. The following explains how SS Therapy and Consulting, Ltd will use or disclose your protected information without your authorization:

- **Treatment Purposes:** SS Therapy and Consulting, Ltd may use or disclose your protected information for treatment purposes to doctors, nurses, hospitals, for instance, in order to facilitate your treatment.
- **Payment Purposes:** Your protected information may be used or disclosed to your insurance company, for instance, for payment purposes as it may be necessary to disclose this information so that SS Therapy and Consulting, Ltd. may properly receive payment for treatment and services provided.
- **Health Care Operations:** Your protected information may be used or disclosed for health care operations. For example, record review related to quality assurance and improvement activities or third party system related to scheduling/billing operations.
- **Compliance and Quality Assurance:** SS Therapy and Consulting, Ltd. may release your protected information to another individual or entity covered by the HIPPA privacy regulations that has a relationship with you for fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of professionals or students.
- **Oversight Activities:** Your protected information may be used or disclosed to an oversight agency for activities authorized by law. Examples of oversight activities include audits, investigations, and inspections. In most cases, the oversight activity will be for the purpose of overseeing services and agency compliance with certain laws and regulations.
- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or other administrative proceeding, SS Therapy and Consulting, Ltd. may release your protected information in response to a court or administrative order. SS Therapy and Consulting, Ltd. may also release protected information pursuant to a subpoena or discovery request, but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to



object or the objection was resolved in favor of disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information.

- **Law Enforcement:** SS Therapy and Consulting, Ltd. may release your protected information to law enforcement officials when required or permitted by federal or state law to do so.
- **Emergency Circumstances:** Protected information may be disclosed to personnel who have a need for information about a client, such as for the purpose of treating a medical or mental condition which poses an immediate threat to the health and safety of any individual or the public and which requires immediate intervention.
- **Individuals Involved in Your Care:** SS Therapy and Consulting, Ltd. may give out your protected information to a friend or family member who is helping with your care or with payment for your care. However, prior to sharing your protected information in this instance SS Therapy and Consulting, Ltd. will first attempt to obtain your verbal or written consent. An example of when obtaining such consent would not be feasible would be if you are involved in a serious accident and unavailable to give your consent and it is necessary for me to speak with your emergency contact or other responsible party.
- **Mandatory Reporting of Child Abuse/Dependent Adult Abuse:** SS Therapy and Consulting, Ltd. Therapists are mandatory reporters of child abuse and dependent adult abuse. In the event that there is reason to suspect that child abuse or dependent adult abuse has occurred, your protected information may be disclosed as required by law.
- **As Authorized by Law:** SS Therapy and Consulting, Ltd. will disclose your protected information for reasons not described above when required by law to do so.
- **More Stringent Laws:** Some of your protected information may be subject to other laws and regulations and are afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information is often given more protection. In the event your protected information is afforded greater protection under federal or state law, SS Therapy and Consulting, Ltd. will comply with the applicable law.

YOUR RIGHTS

Federal law grants you certain rights with respect to your protected information. Specifically, you have the right to:

- Receive notice of SS Therapy and Consulting, Ltd policies and procedures used to protect your protected information;
- Request that certain uses and disclosures of your protected information be restricted, provided, however, if SS Therapy and Consulting, Ltd. release the information without your consent or authorization, SS Therapy and Consulting, Ltd. have the right to refuse your request;
- Access to your protected information be amended, although SS Therapy and Consulting, Ltd. is not required to grant your request;
- Obtain an accounting of certain disclosures of your protected information for the past six (6) years;
- Revoke any prior authorizations for use or disclosure of protected information, except to the extent that action has already been taken; and
- Request that communications of your protected information are done by alternative means or at alternative locations.

IMPORTANT CONTACT INFORMATION

This notice has been provided to you as a summary of how SS Therapy and Consulting, Ltd will use your protected information and what your rights with respect to your protected information are. If you have any questions or would like more information regarding your protected information, please contact us directly. If you believe your privacy rights have been violated, please speak with us directly about this. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

This Document to be left with the client

CLIENT RIGHTS AND RESPONSIBILITIES

Clients Have the Right To:

- Be treated with dignity and respect.
- Be treated fairly, regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Express and practice religious and spiritual beliefs.
- Have their treatment and other member information kept confidential. Only where permitted by law may records be released without the member's permission.
- To request to view their records and to request that the record be amended or corrected if it is determined appropriate by the provider.
- Obtain a second opinion when appropriate.
- A clear working contract in which business items, such as times of sessions, payment plans/fees, absences, access, emergency procedures, and third-party reimbursement procedures are discussed.
- Know about their treatment choices, regardless of cost or coverage by their benefit plan.
- Share in developing their plan of care.
- Receive a clear explanation of their condition and treatment options.
- Give input on the Members' Rights and Responsibilities policy.
- To speak to the provider about a grievance without retaliation.
- To be informed and given the opportunity to complete a written consent prior to being recorded, photographed, or filed.
- Know of their rights and responsibilities in the treatment process.
- Have provider decisions about their care made on the basis of treatment needs.
- Receive information about Provider's qualifications.
- Ask their provider about their work history and training.
- Decline participation or withdraw from services at any time.

Clients Have the Responsibility To:

- Treat the provider with dignity and respect.
- Give the provider information that they need so the provider can deliver quality care.
- Ask questions about care. This is to help understand the services.
- Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Members should call their provider as soon they know they need to cancel visits.
- Let their provider know when the treatment plan is not working for them.
- Let their provider know about problems with paying fees.
- Report abuse and fraud.
- Openly report concerns about the quality of care they receive.
- Let their provider know if they decide to withdraw from the program.
- Make agreed upon payments in a timely manner, if applicable.

This Document to be left with the client

Social Media/Online Disclaimer

SS Therapy and Consulting, Ltd. does have a Facebook page (www.Facebook.com/SSTherapyDesMoines) that we appreciate clients taking the time to follow or provide a review of services on to better help us reach those in search of services in the community. The Facebook page is regularly linked up to blog posts from our website that range in topic from parenting, relationships, depression, and much more that may be of interest. We also post resources that may be of interest directly to our Facebook page along with company updates that could apply or interest current, past and future clients. Therapists will not accept or request friend requests from current or past clients on any social media site, though clients are welcome to reach out through our company page.

While we appreciate your support in promoting the company through online and social media means, we feel it necessary to share that there is no expectation of privacy on social media sites. We will never indicate or ask that you indicate how you are familiar with the company/services we provide, but it is reasonable to assume that others viewing the site will assume that liking or following our page means you are a client. If you choose to follow or review us on Facebook or any other online or social media means we cannot guarantee privacy or that your identity will be hidden on those sites.

SS Therapy and Consulting, Ltd. also has a website (www.sstherapyandconsulting.com) that provides information about our services, biographies about the therapists, a regularly updated blog that provides articles and videos that may be of interest to clients and other providers, and a means of scheduling sessions online. If you have never utilized the online scheduling feature, you will need to obtain your username and password information from your therapist. Our public website does not ask for any confidential information, but does allow comments on blog entries that could lead to your identity being known by others, should you choose to leave a comment. If you choose to utilize online scheduling the site will redirect you to a confidential access site that protects all identifying information.

By signing this statement, you acknowledge that you understand that should you choose to follow us on social media or utilize our website and leave comments, you are choosing to let your identity be known in that way and that SS Therapy and Consulting, Ltd. is not responsible for maintaining confidentiality on these sites. SS Therapy and Consulting, Ltd. will never reveal confidential information on these sites and will never claim a specific relationship or association to anyone who chooses to follow or visit us online.

Client Signature

Date

Client Signature

Date

Authorization for Release of Information to Insurance Company

I authorize SS Therapy and Consulting to release billing information which may include client name, date and type of services, diagnoses codes, substance abuse information, LPHA evaluations and/or treatment plans to my insurance company/ies for the purpose of: collecting insurance benefits or for authorization of additional sessions for:

 Client Name Date of Birth

- I understand that I have the right to inspect the information released through this authorization and such an inspection will occur in a meeting with a SS Therapy and Consulting therapist.
- I understand that I may revoke this authorization by providing a written revocation.
- I also understand any information released prior to the revocation may be used for the purpose(s) listed above.
- A photocopy of this authorization shall have the same force as the original.
- This release shall be valid for one year following our last appointment, unless otherwise restricted.

Signed: _____ Date: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____
 Therapist, SS Therapy and Consulting, Ltd.

| | |
|---|--|
| Insured's — Name and Date of Birth | |
| Insurance Company- | |
| Insurance Company Phone Number: | |
| Policy Number: | |
| Group Number if applicable | |
| Date coverage started if listed on card | |
| Co pay listed on card | |

**** SS Therapy and Consulting will need to photocopy your insurance card at your first session****

Although your Health insurance MAY cover all your fees, ultimately it is your responsibility to cover all your costs. Some plans require preauthorization before your first visit. It is YOUR responsibility to obtain this authorization. Mental Health benefits may differ from your medical benefits so it is essential that you have researched your mental health benefits prior to your visit. If you have not done this prior to your visit, and/or your treatment is not a payable benefit, you will be responsible for the full cash payment at the time of service. Further, if your insurance carrier determines that the services received are not medically necessary, you will be responsible for full payment of your accrued fees.

INFORMED CONSENT

Welcome to SS Therapy and Consulting, Ltd.
Please discuss any questions or concerns with any of the therapists.

COURT SERVICES: Court services are not a standard part of therapy. Written reports for court use can be provided with two weeks prior notice without charge, if you are an existing therapy client. Court testimony will be avoided as much as possible to better serve clients in a therapeutic capacity. **Any client or clients' parent or guardian responsible for or involved with an attorney who issues a subpoena will be charged a \$200.00 fee for being served the subpoena. All subpoenas will be sent to the company attorney and efforts to quash will occur. All fees incurred by SS Therapy and Consulting, Ltd in an effort to quash a subpoena will be charged to the client responsible for issuing the subpoena. If the subpoena is unable to be quashed, the client will be responsible for \$2,100.00/half day to cover the cost of the therapist and an appropriate supervisor's loss of client contact for that time.** Court cases often do not run on a predictable schedule, which requires the therapists day to be cleared of cases. As a result, court testimony fees must cover the loss of revenue from canceled cases. Insurance will not cover this charge. By obtaining this service you agree to pay the agreed upon amount with \$1,000.00 up front before testimony and remaining balance within ten business days of testimony. Insurance will not cover these fees. If you have other arrangements for payment, the therapist must be informed one week prior to the expected appearance date to allow time to verify these arrangements. Any and all testimony will follow the therapists code of ethics and licensure and will not be altered to suit requests. The therapists testimony will only relate to issues the therapist has had reported to them, interactions they have witnessed and concerns related to those reports and interactions. Therapist testimony can damage the therapeutic alliance that is essential to therapeutic progress, by agreeing to these services you authorize that you understand this risk. Prior to testimony the client or legal guardian must sign and return to the therapist Release of Information forms for all people to be present at any court hearing.

By signing this agreement you:

- state that you have read and understand the information presented above
- hereby voluntarily consent to court contribution by SS Therapy and Consulting, Ltd.
- will abide by the terms stated above

Client Signature Date

Printed Name Date of Birth

Signature of legal guardian for minor child- Date

Therapist Signature Date



Credit Card Authorization Form

CARDHOLDER INFORMATION

Name as it appears on card: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Telephone: (____) - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____ Billing Address Zip code: _____

Please review the information provided above and by signing this form you approve Flagship Merchant Services to charge this card for the following transactions on behalf of SS Therapy and Consulting, Ltd.

_____ Copays _____ Patient responsible payments _____ Late/No show fees

_____ One time charge in the amount of _____

This form will be good for one year from date of signature or only good for one charge if one time charge is indicated.

Cardholder Signature X _____ Date ____/____/____