WHOLE SELF THERAPY
SELF-COMPASSION SELF-ACCEPTANCE SELF-RELIANCE

CREDIT CARD AUTHORIZATION FORM

Scheduling and Fees

_____**Failure to cancel a session without 24 hours notice will result in a missed session fee of $50 per missed appointment.** I keep the fee lower than the full session rate and apply it to all late cancellations to remove myself from determining acceptable reasons for a miss. Please note that this fee is not covered by insurance and is subject to change.

_____**If you "no show" an appointment or cancel with less than an hour's notice, the full $150 charge will apply and will be billed to your card on file.** I reserve your time for you and cannot use the time to make phone calls or start other work when I am sitting and waiting for you to arrive. Therefore, I must charge my full fee.

I, _____, hereby authorize Innovation 360, a TR Health company, to charge my credit card on my behalf for all services provided from this day on, in accordance with the fees listed above.

In the event of credit card dispute, this serves as consent for Sarah Reidy to release this consent/authorization form to the credit card company or bank that you are working with.

Credit Card Number: _____

Credit Card Expiration Date: _____

Security Code: _____

Name as it appears on the card: _____

Billing Address Zip Code: _____

Card owner phone number: _____

_____

Signature Date

_____

Printed Name Date