



FORM MUST BE COMPLETED TO SECURE APPOINTMENT TIME FOR COUPLES THERAPY INTAKE
Couples Therapy Missed Appointment and Late Cancellation Agreement

Please complete the credit card form at the bottom to allow us to process \$200.00 which will be your deposit to secure a 2-hour Couples Therapy Intake appointment. This specific appointment time is made exclusively for you. These Couples Therapy Intake appointments are very limited. We regularly have clients on a waiting/cancellation list.

For Couples Therapy, and in order to be fair to all of our clients who are waiting for services, we require 48 hours notice to cancel an appointment. Both individuals must be present for the Couples Therapy Intake Session. **If you Fail to Cancel within 48 hours or Fail to Keep your appointment, your \$200.00 will cover the fees for the missed appointment. If you cancel late, we will attempt to reschedule. If you miss your appointment, we will not offer another appointment time and you will forfeit your \$200.00 deposit.**

- **Please note:** We want you to make your appointment! When you attend your scheduled session, your \$200.00 will cover the cost of regular appointment and/or assessment fees indicated by the Fee Agreement.
- By signing below, you are attesting you understand and agree to the terms in this form.

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Credit Card Authorization Form

Your signature is authority to release your billing statement to your credit card company/bank for the purpose of collecting the appropriate fees charged to your credit card. **Your signature also allows us to store your credit card information either entered here or swiped at the office encrypted electronically for future convenience and use.** To protect your information, we do not keep CVV codes stored in our system. If you decide to pay with cash/check, you agree to allow us to authorize your credit card \$1.00 (which will be automatically refunded at that time) in order to store this card electronically. You also agree that any other credit card used in the future for payment will take the place of the one below.

NAME AS IT APPEARS EXACTLY ON CARD	TYPE OF CARD (CIRCLE ONE)	Type of Card (circle): Credit/Debit/HSA	Expiration		CVV/Security Code
		CARD #	M	Y	
	VISA MC AMEX DISC				
Signature:		Address (If different than home):			
Date:					

Please Note: Our professional relationship is very important to us. The purpose of this form is to be fair to all clients, it most likely got you and your significant other an appointment faster. Cancellations due to emergencies will require documentation.