



Whole Heart Healing

Jessica Alejandro, LMFT

## Credit Card Authorization Form

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***Please note that this form will be securely stored in your clinical file and that you are willing to assume the risk for keeping this information on file.***

I, \_\_\_\_\_ authorize ***Jessica Alejandro, Licensed Marriage and Family Therapist (LMFT)*** doing business as ***Whole Heart Healing, LLC*** to keep my signature and card information on file via ***IVY Pay, Inc.*** application and to charge therapy session fees for individual, groups, workshops, couples, family or other sessions, or for any appointments with therapist ***Jessica Alejandro, LMFT*** that **are not cancelled within 24 hours of the scheduled appointment time or do not show up and do not call to cancel** to be charged to my credit card, debit card, or health savings account or flex spending account as filled out below for therapy services provided to:

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**(Therapy client's name, Please Print)**

I understand that this authorization is valid until canceled in writing. I understand that though this information is secured in my client file and on the ***IVY Pay App***, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised. I understand that charges for on-going services will normally be posted to my credit/debit/flex card/health savings account within ***72 hours*** of each session date and my session fee will be charged before the session begins. Additionally, I agree that the card listed below may be charged by Jessica Alejandro, LMFT doing business as Whole Heart Healing, LLC to settle any outstanding balances accrued by the above listed client upon termination of therapy services including any materials (i.e. books, cd's dvd's) that I have not returned within one week of termination. I understand that if a charge back fee is incurred, I am responsible for that fee.

**Initial** \_\_\_\_\_

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact Jessica Alejandro, LMFT for any assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Jessica Alejandro, LMFT and those attempts have failed.

**Initial** \_\_\_\_\_

6 Way Road, Middlefield, CT 060455

Phone: (860) 680-5238

E-Mail: [4WholeHeartHealing@gmail.com](mailto:4WholeHeartHealing@gmail.com)



Whole Heart Healing

Jessica Alejandro, LMFT

Further, if I am assuming session payment responsibility for the client above whose name is listed in the printed area, and that client is someone other than myself, I understand that I am not entitled to information pertaining to confidential therapy sessions as provided by Jessica Alejandro, LMFT.

Initial \_\_\_\_\_

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

Cardholder Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Credit Card # \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**I understand that my therapy session will be charged via the IVY Pay App and not by swiping my card to collect fees for services rendered or for cancellation fees.**

Cardholder Signature: \_\_\_\_\_

6 Way Road, Middlefield, CT 060455

Phone: (860) 680-5238

E-Mail: [4WholeHeartHealing@gmail.com](mailto:4WholeHeartHealing@gmail.com)



Whole Heart Healing

Date: \_\_\_\_\_

Jessica Alejandro, LMFT