



Haley Weiss, MA, LPC, NCC
Haley Weiss Counseling, LLC
1315 South Allen Street, Suite 302, State College, PA 16801
Phone: (814) 826-3646 | Email: haley@hweisscounseling.com

DEBIT/CREDIT CARD POLICY & AUTHORIZATION FORM

Payment is due at the time of service. Payments may be made by debit/credit card; thus, we ask all clients to submit a debit/credit card authorization form. If you would like to use an HSA Card, we ask that you provide a second debit/credit card to have on file in the event that funds are deficient on the HSA account at the time of service.

****It is the policy of this business to keep a debit/credit card on file. This card will need to be provided prior to your first session. Your specific debit/credit card information will be stored securely within Simple Practice.****

This authorization will remain on file. If you do not show up for your scheduled appointment, do not give a 24-hour cancellation notice, or in the event that you have a balance owed **for more than 30 days**, the late fee or overdue amount will be charged to your account.

This debit/credit card authorization form will remain in effect and on file at Haley Weiss Counseling unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your debit/credit card will be revoked, **unless** an outstanding balance remains on your account after termination. Haley Weiss Counseling will not share your debit/credit card information with any third party without your consent. Your debit/credit card information will be kept confidential.

The undersigned hereby authorizes Haley Weiss Counseling to keep their signature on file and charge their debit/credit card for professional services and no-shows/late cancellation fees as follows:

- Fees for a regular session;
- Fees for a phone or telehealth (video) session;
- The balance of fees not paid by client 30 days overdue;
- The balance of fees not paid by third-party payers within 30 days;
- Full session fee for any cancellation or no-show appointment less than 24 hours notice.

****These fees will be charged on the day of the late cancellation/no-show.****

I understand that I will be notified by my provider that the missed session or the past due session payment will be applied to my debit/credit card.

I understand that I am responsible for notifying Haley Weiss Counseling if my debit/credit card information needs to be updated.

I also understand that, unless otherwise specified to my therapist, this card will be used for payment for each session.

I hereby authorize Haley Weiss/Haley Weiss Counseling, LLC to maintain credit card information within their confidential files. The signature(s) below provides authorization for any fees, in accordance with the financial policy as described above, to be charged against the credit card account for session fees, no-show fees, and late cancellation fees. With my signature, I provide expressed understanding and agreement that any account balance considered to be delinquent **after 30 days of non-payment** will be charged to the credit card listed below.

Client Name: _____

Client Signature: _____ Date: _____

Witness Name (if client is under 18): _____

Witness Signature (if client is under 18): _____ Date: _____

My signature authorizes Haley Weiss/Haley Weiss Counseling, LLC to charge the credit card account listed below for all outstanding account fees as detailed within the initial paperwork provided to me and that was signed by myself as guarantor or by the client.

Card Type: _____

Cardholder's Name (as written on the card): _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Security Code (on back): _____

I understand my card will be billed at the start of my session date unless other arrangements are discussed and agreed upon by both myself and Haley Weiss/Haley Weiss Counseling, LLC.

Cardholder Signature: _____ Date: _____