**Goldstein Therapy**

**Mirel Goldstein**

**43 Katherine Ave**

**Clifton, NJ 07012**

**NJ License 37PC00391500**

**Credit Card Authorization**

(New clients must have credit card on file to receive services at this office.)

This form serves asyour consent to make payment to Mirel Goldstein LPC/Goldstein Therapy for individual and/or couples psychotherapy services rendered, as per the attached fee schedule agreement, and your treatment is conditional on your signing this consent form. This form will be securely stored in your clinical file.

The cancellation policy for services is as follows: Individual therapy sessions must be cancelled at least 12 hours in advance. Couples therapy sessions must be cancelled at least 24 hours in advance. Couples Therapy Intensives must be cancelled at least 1 week in advance. Sessions not cancelled within the above stated windows of time will be charged for at the rate of 50% of the fee for the missed service. By signing this agreement, you give Mirel Goldstein/ Goldstein Therapy permission to charge the credit card listed on this form for any cancellation fees assessed.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Mirel Goldstein/Goldstein Therapy to bill my credit card at the usual fee for professional services as per the following fee schedule:

**Individual Psychotherapy 45 minute session: $150**

**Individual Therapy 90 minute session: $300**

**Couples Therapy Intake Session: $225 for 75 minute session**

**Couples Therapy 45 minute session: $150**

**Couples Therapy Intensive (Includes 3 hour intensive session, free book, and 45 minute follow up session): $900**

Credit Card Type (check one):

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ American Express

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as Printed on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification/Security Code (3 digit code on back of card by signature line): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

By signing below I am authorizing Goldstein Therapy/Mirel Goldstein to bill my credit card at the usual fee for professional services. I will not dispute charges (“charge back”) for sessions I have received or appointments I have missed according to the above policy.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_