

Authorization for Credit Card Vault

Client Name:

Address

Date of Birth

I authorize Spencer Psychology to place my credit card number with an encrypted credit card processing service "vault." I understand my card number will not be physically kept on site at Spencer Psychology, nor will the number be visible to any staff member once placed in the vault. I authorize Spencer Psychology to use the card for outstanding balances on my account for services.

If I am using a health savings plan card or credit card held by my parent/spouse/guardian, I understand that the holder of the card may have access to my account information and invoices. Dates of service, payment information and numerical diagnosis codes are present on invoices. My "client signature" on this document serves as a release for this invoice to be given to the card holder if requested. I understand that no shows/cancellation fees may not be eligible for payment by a health savings plan, but that if used for these fees anyway, that the card holder may have to reimburse the HSA account if audited. Spencer Psychology is not liable for users not following their HSA plan requirements.

The holder of the card is also required to sign the form, giving permission for use.

Due to privacy regulations, Spencer Psychology may not discuss with the card holder any clinical information for the adult client, nor arrangements made with the client about choice of session type or length, no show/late cancellation fees, waiving of insurance, or requests for minimal documentation that may create an issue where insurance does not cover treatment. These issues will be explained to the client, and it is the client's responsibility to discuss this with the card holder.

Signature of Client and Date

Signature of Card
Holder and Date