Michelle Cataldo, LCSW [LCS 19442]
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Credit Card Authorization with Ivy Pay Form

I, _____ (client), authorize Michelle Cataldo, LCSW (provider) to charge my credit card for the purpose(s) of paying for any and all of the following:

1) an appointment canceled with less than 24 hours notice or no-show
2) a check that has been returned
3) an outstanding balance owed for treatment
4) regular payment of my session.

I understand that my provider uses Ivy Pay to complete credit card transactions which is a HIPAA compliant technology made specifically for psychotherapists and their clients. This means my credit card information is protected and stored confidentially.

When I begin treatment with my provider, I will receive an invitation by text message to enter my credit card information into the Ivy Pay system even if I choose to pay with cash or check. I understand that my credit card will be charged for only the above stated purpose(s). I agree to enter my information into Ivy Pay in my first session. I also agree to update my credit card information as necessary by contacting my provider.

I understand that I will be charged by end of day on the day of my scheduled session whether I have attended or not (in case of late cancel or no show). I will be notified by text message at the time my card is charged.

By signing below, I have read, understand, and agree to the above stated policies.

_____

Client Signature Date