



## *Alliant Therapy Group, LLC*

200 1<sup>st</sup> Ave West Suite 400

Seattle, WA 98119

110 Main St Suite 104

Edmonds, WA 98020

### Credit Card Consent Form

Alliant Counseling requires a credit card to be on file for each client. This card will only be used for the purpose of failure to show to a scheduled appointment or failure to cancel a scheduled appointment within the 24 hour cancellation policy. While we do understand that circumstances arise, it is up to your counselor's discretion to charge you for a missed appointment. In this case, your counselor will inform you of charges when they occur.

As a client you may also choose to use this credit card for your regularly scheduled sessions. We hope that having your card on file will contribute to the ease of payment for sessions.

Please note that your card is stored on a very secure server that is also HIPAA compliant. Your information is not shared with any other party and we will never sell information to a third party. Your consent is only for Alliant Counseling use for payment of sessions.

Please sign and date below to consent to this condition:

Print:

Sign:

Date:

Credit Card Information

Visa

Mastercard

AMEX

Name as it appears on card:

Card Number:

CVV:

Exp. Date: