



REFLECTION PSYCHOLOGY

Credit Card Authorisation Form

Please complete all fields. You may cancel this authorisation at any time by contacting us via phone (03 98094888) as soon as possible. This authorisation will remain in effect until cancelled.

Cancellation and Non-attendance Fees: As per the informed consent paperwork, any session not cancelled, not attended without sufficient notice (over 48 hours from the time of any booked appointments), or attended and not paid for will result in the full fee *cancellation* fee or consultation fee being rendered. Unless an alternative payment is made within 7 days of the appointment, Reflection Psychology will utilise the credit card on file to obtain any balance remaining.

Good Faith: We provide services in good faith that payment will be made at the time of service. If the payments are not made, in accordance with the arrangement with the therapist, services may be terminated. If you cannot afford the payments, we are happy to assist you with additional counseling referrals.

Storage: Your credit card authority will be stored within your secure client file in a locked cabinet. Where these details are entered into electronic storage, our system is secure with firewall and password protection. We also utilize a secure terminal for processing credit card transactions.

DISCLAIMERS

Confidentiality: The only information given to the credit card company is what is listed below, as well as the dates of service. The name "Gary Rubin Psychology Pty Ltd," or the like, will appear on your credit statement. Further, if you are the guarantor, but not the client associated with the appointment, we cannot release any clinical or attendance information to you, without a written release of information from the client.

Declined Cards: We understand that sometimes things happen, and credit cards are declined. In this case, we will try the card one additional time; however, after the second decline an alternative form of payment is required.

Collections: If you have a balance on your account, from any form of payment or any appointments booked, and your credit card details have either expired or have been declined- You will have **7 days** from the date of your most recent appointment to clear this balance or contact us to arrange an alternate form of payment. If the balance is not cleared, as per above, your account may enter into a collections agency. *Reflection Psychology* will only provide the collections agency with your demographic information (name, address, phone number, DOB, email address), as well as dates of service and balance. We take the confidentiality of your personal information very seriously, however if you choose to dispute these charges, or if the collections proceedings enter into the court system, we cannot guarantee that the additional information in your file will not be compromised.

AUTHORISATION:

I _____ (card holder) authorise *Reflection Psychology* to charge my credit card indicated below for up to and including the full fee owing for my cancelled or missed or unpaid appointments. I understand, I am pre-authorising *Reflection Psychology* to charge my credit card for any balance incurred. I understand that my information will be saved to file for future transactions on my account. Finally, I have fully read and understand the disclaimers above.

Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ AMEX
(Please tick one)

Cardholder Name (as shown on card):

Card Number:

Expiration Date (MM/YY):

Client name (if different to card holder):

(Signature, full name or initials accepted)

Cardholder Signature

Date