

Thrive Counseling, LLC

Cancellation Policy and Confidential Credit Card Information

Cancellation Policy:

It is the policy of Thrive Counseling, LLC that payment incurred for services rendered are due at the outset of each session. Clients who fail to cancel any appointment prior to 24 hours before the scheduled time will be responsible for the full fee.

I understand that by providing my credit card information I will be charged my full appointment fee upon failure to adhere to the cancellation policy of Thrive Counseling, LLC. I understand that my personal credit card information will be kept confidential, and will only be charged upon violation of the aforementioned policy. I understand, also, that my counselor will contact me, via phone or email, prior to charging my credit card.

I understand the cancellation policy, and agree to give 24-hour notice for any cancellations. I further give Thrive Counseling, LLC authorization to bill my credit card my full appointment fee for any appointments that I miss or fail to cancel according to policy.

Printed Name of Client

Client Signature

Date

Parent/Guardian Signature, if minor client

Date

Counselor Signature

Date

Name of Cardholder: _____

Type of Credit Card: Visa Mastercard American Express

Credit Card Number: _____

Three Digit Security Code: _____