



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Fees for Services Credit Card Agreement

I, _____ hereby enter into a contract for the professional therapy services of Marybeth Hrim, LCSW. When I set an appointment with Marybeth Hrim, LCSW. I understand that by entering this contract for Marybeth Hrim, LCSW’s professional time I am specifically contracting for her services to prepare for my session in advance.

I recognize that professional services are not only provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, consultations with other professionals, as agreed in writing by me to assist with my treatment, and documenting sessions (or the circumstances of cancelled sessions), afterward.

I understand that Marybeth Hrim, LCSW’s cancellation policy requires a full 24 hours advance notice in order to be released from the contract for her time and services of preparation for my session.

I agree that if I fail to cancel my appointment within the 24-hour minimum time period prior to my session I will be charged a fee of \$75.00 for the appointment.

I authorize Marybeth Hrim, LCSW to charge my credit card if I fail to observe this cancellation policy, as I understand I am paying for preparation for services rendered and contracted time when I set the appointment. I also understand if there is an emergency situation that prohibits me from canceling within 24 hours I can discuss this with Marybeth Hrim, LCSW directly and request a waiver of this policy, but I understand that Marybeth Hrim, LCSW is not bound to grant that waiver and may by this contract proceed with charging my credit card as agreed herein.

Visa Master Card Discover American Express (circle one)

Card Number: _____ Expiration Date: _____
 CV Code: Billing Zip Code:

 Signature

 Date