

DONNA MORRISH, M.S.

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Licensed Marriage, Family Therapist (CA)

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Financial Responsibility Agreement

Please note: New clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card at or before your initial session.

A full fee will be charged for missed appointments not cancelled at least 24 hours in advance. E-mail or a 24-hour voice mail is available to leave messages.

I understand that I am responsible for payment of services and that payment is expected at time of service. I agree to keep a valid credit card number on file and that this card may be charged for the services listed below. Other payment methods are also acceptable and will be discussed at your initial session.

Should my account become delinquent, I authorize Donna Morrish to release all information necessary to a designated agency to secure reimbursement for services rendered. Typically, this involves releasing name, address, phone numbers and account information and excludes information regarding your treatment.

CC Type: MC___ Visa___ Amex___ Other _____

Name as shown on card _____

Credit Card Number _____

3-digit security code on back of the card _____

Billing zip code associated with the card _____

Expiration Date _____

This card may be charged for:

- Regular session fees (at your request, as a convenience to you)
- Fees for cancellation without 24 hours' notice
- Delinquent session fees (fees more than 30 days overdue)

Agreement:

"I _____ (print name) have read and understand the terms of this Financial Responsibility Agreement. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this agreement have been answered."

(Signature) _____ (Date)