



WAYFIND COUNSELING LLC

## Client Financial Responsibility Form

Thank you for choosing Wayfind Counseling LLC for services provided by Kimberly Bechtel LMHC, ATR ("Provider"). We ask that you read and sign this form to acknowledge and agree to accept financial responsibility for services rendered by Provider to Client.

I agree that I am legally responsible and agree to pay to the Provider for all fees, charges and expenses incurred by the below Client or owed to Wayfind Counseling LLC in connection to Kimberly Bechtel LMHC, ATR providing care to Client.

I acknowledge and agree that I am ultimately responsible for the payment to Provider for any and all services rendered by Provider to Client.

Client name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Responsible party(ies) name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Responsible party signature: \_\_\_\_\_



## WAYFIND COUNSELING LLC

### Credit Card Authorization

By your electronic signature of this form, you authorize charges to your credit card through Stripe via Simple Practice for services rendered. These charges will appear on your bank/credit card statement as Professional Services. You have the right to request a paper copy of this document.

I authorize Wayfind Counseling LLC to charge my credit card through Stripe.

I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session].

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Wayfind Counseling LLC in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form.

I acknowledge that credit card transactions could be linked to Protected Health Information.

\_\_\_\_\_  
Client name (printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date Signed