



228 Elm Dr. Rochester NY. 14609 kkondorhine@gmail.com 585-683-1049

Financial Agreement

By your electronic signature of this form, I agree to pay for scheduled sessions at the agreed upon rate on the day of session. I agree to keep a valid credit card on file with Square and agree to keep the card updated. If I develop financial difficulties, I will discuss options with the therapist that could help maintain ongoing treatment.

Signature: _____ Date: _____

Credit Card Authorization Agreement

By your electronic signature of this form, you authorize charges to your credit card through Square for services rendered. These charges will appear on your bank/credit card statement as Kinga Kondor-Hine. You will automatically receive an email copy of the receipt. If you are filling separate for insurance reimbursement, you will receive, via email, a completed insurance form or “super bill” for submission purposes.

I authorize Kinga Kondor-Hine to charge my credit card through Square. 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, for the **full price** of the session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Kinga Kondor-Hine 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.

Signature: _____ Date: _____