



THE CENTER

for Counseling & Wellness

www.thecenter4counseling.com

Credit Card Authorization Form

Credit Card Information Card Type: MasterCard VISA Discover AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder Billing Address & Zip Code:

I, _____ (client name), authorize *The Center for Counseling & Wellness*, to charge my credit card listed above for counseling services. I understand that my information will be saved to file for future transactions on my account.

I agree to pay \$_____ for each individual session.

Signature of Patient/Representative _____ Date _____

Patient Printed Name _____ Date of Birth _____

Relationship to Patient _____ Witness _____

110 Ye Old Kings Highway, North Myrtle Beach | 4466 Holmestown Road, Myrtle Beach | 3505 Main Street, Loris
Phone (843) 663-0770 | Fax (843) 663-0772 | email: admin@thecenter4counseling.com



The Center for Counseling & Wellness

Client Intake Signature Form and Virtual Care Emergency Contact Information

Client Name _____

My signature below confirms that I have received, reviewed, and/or completed a copy of:

- **The Center for Counseling & Wellness' Disclosure Statement with Informed Consent to Participate in Clinical Counseling, HIPAA Rules, and Virtual Care Disclosure**
- **Notice of Privacy Practices for The Center for Counseling & Wellness**
- **The Center For Counseling & Wellness Biopsychosocial History Intake Form**
- **My counselor's personal Professional Disclosure Statement**

and have had an opportunity to discuss any questions I have about this information. I acknowledge that a copy of these documents has been made available to me at no charge and that they are available on our website at thecenter4counseling.com.

Client's Signature (Parent/Guardian if client is a minor)

Date

Witness Signature

Date

In emergency situations for Virtual Care, contact: _____ at _____
Local Police Department Phone #

For disruption of service for Virtual Care, contact: _____ at _____
Land line or other cell phone Phone#

My Client Support Person for Virtual Care is: _____ at _____
Name Phone #

My email address is: _____