



**Counseling Colorado, PLLC**  
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## Electronic CREDIT CARD Payment Authorization

This practice accepts all forms of electronic payment. Please be aware that all transactions will appear as merchant "Counseling Colorado" on your bank or credit card statement. Clients will be responsible for payment at the time services are rendered. Your information may be updated upon request at any time. If in the event payment is not made, then Counseling Colorado reserves the right to send outstanding payments owed for professional services rendered to collections.

### Account Holder Information:

Please indicate the name and address associated with your credit card.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Account Information:

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code on the Back of Card: \_\_\_\_\_

Please note, if you are unable to make your scheduled session time with less than 72 hours notice, your card will be charged for the full fee for your session. This time is reserved for you.

Group therapy is \$175.00 per session, individual therapy is \$250.00 per clinical hour, and family / couples therapy is \$275.00 per clinical hour.

I, \_\_\_\_\_, acknowledge and agree to the less than 72 hours cancellation policy.

For an individual phone session, you will be charged, based on the \$250.00 per clinical hour rate of \$55.50 per 10 minutes (thus, \$5.55 per minute) for individual therapy or other services requiring time from your therapist. A clinical hour is 45 minutes.

In the event a letter is requested, documents from your health record, or any other services that require time from your therapist, your therapist will charge \$47.00 per 10 minutes (thus, \$5.55 per minute) spent on the paperwork, responding to timely emails, consults, or any other services requested.

I, \_\_\_\_\_ hereby, acknowledge and agree to the above financial contract.