20 N Front St
Bally, PA 19503
Solsticetherapy@outlook.com
www.solstice-therapy.org
267-461-8831

Patient Information

Name: _____ Date of Birth : ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____ Email: _____

Emergency Contact Name & #: _____

Reason For Seeking Counseling: _____

Additional Information:

_____

_____

Client Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

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Consent For Storing Card on File

I authorize Solstice Therapy LLC to charge my credit card on file via Acuity for my copay. I also agree that my credit card will be charged for any late cancellation/no shows with my therapist. I authorize Solstice Therapy to charge my credit card the same day these fees are incurred.

I understand that if I have an additional balance with Solstice Therapy after my claim is processed, including deductible and coinsurance, the office will contact me if the amount is different than my usual payment at least 1 business day prior and will run my credit card on file to settle this balance.

I understand that my signature below will serve as authorization and will remain valid as long as I am a client at Solstice Therapy, LLC. I agree to notify staff of any changes in my account information. I attest that I am an authorized user of this card and will not dispute these transactions with my bank or credit card company as long as the transactions relate to the terms indicated in this disclosure. I acknowledge that credit card transactions could be linked to Protected Health Information.

Checking the lines below you validate that you are the person completing this form and that the check represents your initials, and certify that you understand and consent to the content in this agreement.

☐ **I authorized Solstice Therapy LLC to securely store my credit card** on **Acuity's Platform**

☐ **I will notify Solstice Therapy to update my card on file should the card be inactive, or if I need to make other arrangements for payment.**

☐ **I understand that Solstice Therapy may discontinue services if I breech this agreement.**

Signature: _____ Date: _____