

# **Brightway Counseling and Wellness**

**5601 DEMOCRACY DRIVE, SUITE 135  
PHONE 214-478-0314  
PLANO, TEXAS 75024  
45-4203542**

I AUTHORIZE BRIGHTWAY COUNSELING AND WELLNESS/TRACI KOEN, LPC-PLLC, TO CHARGE MY CREDIT CARD LISTED BELOW FOR SESSION FEES, AS OUTLINED IN THE INFORMED CONSENT FOR ME AND MY FAMILY. THIS CARD INFORMATION WILL BE STORED IN A MANNER COMPLIANT WITH HIPAA GUIDELINES. THIS INFORMATION WILL BE STORED IN MY FILE, IN A LOCKED CABINET, IN A LOCKED OFFICE AND UTILIZED WITHIN A CLOUD BASED ENCRYPTED AND HIPAA COMPLIANT PRACTICE MANAGEMENT SOFTWARE. I WILL BE NOTIFIED OF ANY CHANGES THAT OCCUR IN THE MANNER IN WHICH THIS INFORMATION IS STORED.

CREDIT CARD  
NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_;

SECURITY CODE \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

I UNDERSTAND THAT CHARGES WILL NOT BE PROCESSED UNTIL AFTER TIME OF APPOINTMENT.

PLEASE SEND RECEIPT TO (EMAIL ADDRESS):

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist** \_\_\_\_\_

