BrightWay
Counseling & Wellness

I authorize ***Brightway Counseling & Wellness*** to charge the credit card listed below for session fees as outlined in the informed consent for me and /or my family member. This information will be stored in a manner compliant with HIPAA guidelines and utilized within a cloud based encrypted and HIPAA compliant practice management system. I will be notified for any changes that occur in the way this information is stored.

Credit Card Type (circle) **Visa** **Mastercard** **American Express** **Discover** **Other**

Credit Card Number: _____

Expiration Date: Month/Year _____/_____

Security Code _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS _____

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

PLEASE SEND RECEIPT TO (EMAIL ADDRESS) _____

Signature _____

Date: _____

5601 Democracy Drive, Suite 255, Plano, Texas 75024

214 919-7177