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Acknowledgment of Financial Responsibility

The standard practice of Pathways Psychology Services is to retain credit card information and an authorization of charge on file for each client. This is done to improve the efficiency of payments. All information is stored securely in accordance with federal and HIPAA guidelines that protect against identity theft.

If you decline to leave a credit card on file, payment will be made at the time of each session. Please note that in the case of separated or divorced parents bringing a minor for services, the parent who brings the child to that session is responsible for payment at that time, unless a card is on file.

By signing below, you are indicating that you have been informed of Pathways' payment and credit card policy and are electing to not leave a credit card on file. You also are agreeing to honor this financial agreement by paying at the time of each session and by arranging payment in the event that a minor brings themselves to a session or a temporary substitute caregiver (babysitter, step-parent, grandparent, etc.) brings the minor to a session in your place.

I have been informed of and agree to the Pathways payment policy

I am choosing to decline to leave credit card information on file

I agree to provide payment at the time of each session

I agree to arrange for payment to be made at the time of each session in the event that I am not present

Guardian/Client name (print)

Date

Signature

Clinician name (print)

Date

Signature