

**Joanne Barron, Psy.D.**  
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818-990-3973

### Credit Card Authorization Form

I \_\_\_\_\_ understand that psychological services provided by Joanne Barron, Psy.D. will be charged to the credit card listed below for each 50 minute session. If sessions need to be longer they will be pro-rated for the portion of the additional hour used. I understand that I will be charged the full fee for sessions not cancelled within the 24 hour cancellation period. All cancelations must be made by phone, and cannot be made by email or text. Receipt for services will be mailed or emailed after the 1<sup>st</sup> of each month.

Credit card type \_\_\_\_\_ Exp.Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ CVC code \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_