

Elizabeth Orchard, LICSW
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Electronic Payment Authorization Form

In an effort to better serve my clients and simplify your billing experience, I offer electronic payment options, enabling you to pay for sessions with credit card, debit card, Health Savings accounts and Flexible Spending accounts.

Your information is secure. No one, including myself, will ever see or have access to your account information. All sensitive, confidential information is managed and seen by you only.

By signing this form, you consent to Elizabeth Orchard's use of Ivy Pay to process your credit, debit, FSA or HSA card. Ivy Pay is designed specifically for psychotherapists and their clients, and is fully HIPAA secure. Charges will appear as Ivy transactions.

Ivy Pay was designed to uniquely support the therapeutic relationship. Among the ways that small business can accept credit cards, Ivy Pay is the only way to protect patient privacy under HIPAA, and hold the therapeutic relationship in confidence.

There is no surcharge for paying electronically. Transaction fees are not passed on to you as the client.

In the event that you miss an appointment or fail to cancel an appointment within 24 hours of the scheduled time, you will be charged the full session fee.

I, _____, authorize Elizabeth Orchard, LICSW to charge my credit card, debit, Flexible Spending or Health Savings account via Ivy Pay in the amount of my agreed upon session fee. I will not dispute charges ("charge back") for sessions I have received or appointments I have missed according to the above policy.

By signing below, I am authorizing Elizabeth Orchard to charge for sessions, either attended or missed, as detailed above.

Please provide the cell phone number you would like me to use to send the text message invitation for Ivy Pay:

Signature: _____ Date: _____