|  |
| --- |
| Rose J Testa LCSW, LLC47 Reckless Place, Red Bank NJ, 07701Rtestalcsw@gmail.com · 732-328-7190  |
| Release of Information |
| DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_  PATIENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_ BILLING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Read:All merchant (credit card) processing is done through a secure app at the end of each business day. By signing this form, I authorize the to charge all the applicable fees for services. This includes “late cancel” or “no show” fees per the signed client agreement. 24 hours notice is required to cancel individual sessions and 48 hours notice is required to cancel couples session. A cc number is required to book initial appointment and the cancellation policy also applies.  Signature / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
|  |
|  |

#