

Electronic Payment Communications Disclosure

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All fees for services are paid electronically – through a secure credit card processing service (unless other arrangements have been discussed and approved by Laura S Mindell PLLC/Revitalize Counseling.

Please be aware of the following:

Laura S Mindell PLLC/Revitalize Counseling has a duty to uphold your confidentiality, and desires to ensure that your use of the above payment services is done as securely and privately as possible.

After using any of the above services to pay your fees, that service display on a bank or credit card statement. Information provided on receipts and statements may include my business name and may indicate that you have paid for a therapy session.

To protect your confidentiality please consider which email addresses, physical addresses, or phone numbers are provided to Laura S Mindell PLLC/ Revitalize Counseling.

Health Savings Account and Flexible Spending Accounts

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that Laura S Mindell PLLC/Revitalize Counseling runs your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by a credit card (or other means if previously approved by Laura S Mindell PLLC/Revitalize Counseling.

Electronic Payment (Credit/Debit) Consent

I understand that payment is due at time of service and I agree to provide Laura S Mindell PLLC/Revitalize Counseling my credit card information. Revitalize Counseling agrees to keep this information secure according to the standards required by HIPAA.

I also authorize Laura S Mindell PLLC/Revitalize Counseling to initiate charges to the credit card that was provided for any outstanding charges or balances. I understand I will only be charged for completed appointments and any no show and late cancellation fees when an appointment is cancelled with less than 48 hours notice or for a no-show fee when an appointment has been missed.

I verify that my credit card information provided is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

I understand I may cancel my authorization for charges upon written notice to Lara S Mindell PLLC/Revitalize Counseling.

If I have any questions about this transaction or if the credit card indicated above is lost or stolen, I agree to notify Laura S Mindell PLLC/Revitalize Counseling at once or by contacting them via email, phone, or mail.

Full name of person completing this form: _____

Date: _____

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