



Julie Stark, LCSW

Psychotherapist

550 SE 6th Avenue Suite 200, Delray Beach, FL 33483

Tel: 561.264.5903

julie@jstarktherapy.com

Financial Agreement

This form authorizes, your healthcare provider Julie Stark, LCSW in keeping with the cancellation policy of this practice, to utilize this credit card to charge for missed appointments that have **not** been cancelled **24 hours prior** to a scheduled session or in the event of non-payment of a bill or past due balances so that we are current. We do this in order to prevent an interruption of therapeutic services; so both client and practitioner needs can be met so that we can continue. Your time slot is **reserved for you**, so if you are not going to be here please just let us know so we can offer that time slot to a new client or an existing client in need. Thank you for understanding.

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