



The Hardy Clinic
Wellness Center

1530 Dekalb Ave
Atlanta, GA 30307
P: 470.209.5625

CREDIT CARD POLICY

I am hereby entering into a contract for Brittany Hardy, LMFT, professional time and services when I set an appointment. I understand that by entering this contract for Ms. Hardy’s professional time, I am specifically contracting for her services to prepare for my session in advance. I recognize that professional services are not only provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, case notes, and consultations with other professionals as agreed in writing by me to assist with my treatment. I understand that Ms. Hardy’s cancellation policy requires 24-hour’s notice to be released from the contract for her time and services of preparation for my session. I agree that if I fail to cancel my appointment before the 24-hour minimum time prior to my session I will be charged for the missed session and the services provided in preparation of \$120.00. I hereby authorize Brittany Hardy, LLC DBA The Hardy Clinic to charge the following card if I indeed fail to observe this cancellation policy and I understand I am paying for preparation services rendered and time contracted for when I set the appointment.

Visa / Mastercard / Discover (please circle)

Name on the credit card

Credit card number _____

Expiration date _____ CVV code (last 3 digits on the back of the card) _____

Zip code to which billing statement is mailed _____

I have read and understand the above credit card policy for services provided by Brittany Hardy, LMFT through Thee Hardy Clinic

Please have all consenting adults sign below.

Signature

Date

Signature

Date