

**2<sup>nd</sup> Star Counseling, LLC**  
www.2ndstarcounseling.com



**Kathryn Raley**  
MA, NCC, LPCC  
BS Secondary Education, Language Arts  
Certificate Counseling Youth and Adolescents  
Certificate Transpersonal Counseling  
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**Sondermind Counseling**  
(formally YOUNique)  
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**Payment Agreement**

Payment for services for \_\_\_\_\_ will be: \_\_\_\_\_ per session.

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Therapist Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Credit Card Authorization**

In the event that an appointment is missed without prior cancellation (24 hours prior to session time), or at your request, payment may be automatically charged to the credit card below:

**Name on credit card** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**CSC Code (on back of card)** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**Card Type** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_