

Our Healthy Minds, LLC
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Electronic Payment Authorization Form
IVY Pay / Encrypted credit card processing

I, _____ (parent/guarding of: _____),
acknowledge that Dr. Eunice Aviles (Our Healthy Minds, LLC), utilizes IVY PAY
(<https://www.talktoivy.com/ivypay>), which is a credit card payment system designed specifically
for psychotherapists and their clients.

While checks and cash are the preferred payment method, this payment vehicle can be used for those times of forgotten checkbooks, phone or telehealth sessions, missed sessions, or sessions that are cancelled with less than the required 24 hours' notice. Additionally, if you choose, Ivy Pay can be used in place of or in addition to, your usual payment method at any time after being set up. IVY Pay works with your debit card, credit card, HSA or FSA account. It is HIPAA secure and it keeps our therapeutic relationship confidential.

Dr. Eunice Aviles will send you an invitation text with a charge for your full session fee. Please use the link to set yourself up in the system at least 24 hours prior to our first or next upcoming appointment time. It is quick, easy and secure.

Dr. Eunice Aviles will not keep your credit card on file. It will be on file and securely maintained through IVY PAY. This will allow you to easily pay for any sessions attended, remote, or missed.

Payment is expected at the beginning of your session. **If you have forgotten your checkbook and have not brought cash, or we are having a phone or telehealth session, or you have missed or cancelled without 24 hours cancellation notice, Dr. Aviles will charge your credit card through IVY Pay.** You will then receive a text from IVY Pay, notifying you of this charge. You can also let Dr. Eunice Aviles know ahead of time or at the beginning of your session, that you would like to charge your session via IVY Pay. If you do decide to use IVY Pay to regularly pay for your sessions, Dr. Eunice Aviles will make the IVY Pay charges 24 hours prior to your appointment time.

Cardholder authorizes Dr. Eunice Aviles to use IVY PAY as explained above. This authorization does not release or modify patient's obligation to pay all outstanding amounts due or prevent from accepting or requiring other forms of payment. This authorization shall remain in force until withdrawn in writing by cardholder. Cardholder agrees to notify Dr. Aviles of updated credit card information upon request if credit card expires or is invalid. Cardholder has read, understands, and agrees to the above terms.

Person Served/guardian legal name (Print): _____

Person Served/ Guardian signature: _____

Date: _____