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ELECTRONIC PAYMENT COMMUNICATIONS DISCLOSURE AND AUTHORIZATION

Payment may be made with cash, check, or credit card. If you wish to pay fees by credit card, payment must be made electronically through Square. Thus, if paying by credit card, please be aware of the following:

I have a duty to uphold your confidentiality, and thus I wish to make sure that your use of the above payment service is done as securely and privately as possible.

After using Square to pay your fees, you may be sent receipts for payment by email or text message. These receipts will include my business name (Kathleen Kawamura) with a note ("individual") to indicate that you have paid for an individual session.

It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. I am unable to control this in many cases, and I may not be able to control which email address or phone number your receipt is sent to.

Therefore, please think about these questions prior to using electronic payment:

- At which email address or phone numbers have I received these kinds of receipts before?
- Are any of those addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.
- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them?

In addition to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to Kathleen Kawamura. Please consider who might have access to your statements before making payments by credit card.

Health Savings Accounts 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 we run 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 other means.

If you understand the above concerns regarding electronic payment and would still like to continue to pay with a credit card, please sign the following:

I hereby authorize Dr. Kawamura to use Square to bill the credit card I provide at the time of payment and understand charges will appear on my account as billed under Kathleen Kawamura.

Client signature: _____

Therapist signature: _____