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Contact Permission

Confidentiality Notice:

I understand that any information contained in a telecommunication message through either text messaging or email between myself and Kate King is privileged and confidential, and intended only for the use of the individuals or entities named above. Federal and state regulations, including but not limited to the Electronic Communications Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) prohibits interceptions of any electronic communications without written consent of the person to whom it pertains. I do understand, however, that due to the nature of technology and the limits of security that apply in these types of communication methods, Kate King cannot guarantee the ultimate confidentiality that would be possible in an in person or verbal telephone conversation. With the above information understood, I give Kate King permission to contact me and to respond to my contacting her via the following forms of technological communication (please check all that apply):

Email _____

Text Message _____

Voice Mail _____

Signature: _____

Date: _____

Credit Card Storage Permission

I agree to pay all fees for service at time or service, and if given my credit card information, I authorize Kate King to charge my credit card the day of my session.

I agree to allow Kate King Art Therapy & Psychotherapy, LLC to store my credit card information and charge my credit card for any fees accrued which are not paid at the time of service. This includes, but is not limited to, the regular charge for my session, fees for missed sessions, and fees for cancelled appointments without 24 hours' notice.

Signature: _____

Date: _____

Name on card: _____

Expiration month/year: _____

Card number: _____

CVC code: _____

Zip code of billing address: _____