

**CHERRY CREEK PSYCHOTHERAPY, LLC**  
**PATRICK THOMAS COLE, MSW, LCSW**

1660 SOUTH ALBION STREET, SUITE 1025  
DENVER, COLORADO 80222  
PH: (303) 909-9054

**CREDIT CARD AUTHORIZATION**

I \_\_\_\_\_ (NAME OF CLIENT/RESPONSIBLE PARTY)  
HEREBY AUTHORIZE CHERRY CREEK PSYCHOTHERAPY, LLC AND PATRICK THOMAS  
COLE, MSW, LCSW, TO CHARGE THE AMOUNT AGREED TO FOR THERAPY SESSIONS  
AND/OR GROUP SESSIONS FOR \_\_\_\_\_(CLIENT). I  
FURTHER UNDERSTAND THAT I WILL BE HELD FULLY RESPONSIBLE FOR THE CHARGES  
THAT WILL BE APPLIED TO THIS CREDIT CARD FOR THE SERVICES PROVIDED BY  
CHERRY CREEK PSYCHOTHERAPY, LLC AND PATRICK THOMAS COLE, MSW, LCSW.  
FEES FOR INDIVIDUAL THERAPY ARE \$140 PER SESSION. FEES FOR GROUP THERAPY  
ARE \$340 PER MONTH (AMOUNT EQUIVALENT TO \$85 PER GROUP SESSION). THE  
INTAKE FEE FOR GROUP THERAPY IS \$195.

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

THREE-DIGIT CODE (ON THE BACK): \_\_\_\_\_

(AMERICAN EXPRESS HOLDERS PLEASE PROVIDE FOUR-DIGIT CODE ON THE FRONT IN  
PLACE OF THREE-DIGIT CODE ON THE BACK.)

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
CLIENT (RESPONSIBLE PARTY)