

**Dr. Silvi Guerra, LLC**  
**Stress Free CBT**  
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**PERMISSION TO USE CREDIT CARD**

By signing this form, I agree to have my credit card charged for services obtained from Dr. Silvi Guerra, LLC at the time of service, including charges for missed sessions that are not cancelled within 48 hours prior to the scheduled appointment.

We **do not** store your credit card number on paper. You will enter it directly into a secure and encrypted third-party site (Therapy Notes) which is HIPAA-compliant. Once entered into the system, we can only see the last 4 digits of the number.