

Healing Hearts Therapy, LLC
From the Office of Robin Newman, PsyD
5080 Mark Dabling Blvd.
Colorado Springs, CO 80918
(719) 260-1221



Partner's Group New Member Form

Group Member Information

Today's Date ___ / ___ / ___

Client Name _____ DOB ___/___/___

Email Address _____ Age: _____

Address _____
Street city state zip

Employer _____ Work # _____

Financial Policy

The fee for a 80-90 minute group therapy session is \$100.00 a month, 25.00 a week, which will be paid in full at the beginning of each month, charged to your credit card on file at Healing Hearts Therapy, LLC. Please provide your credit card information below. Unattended group meetings are non-refundable. Termination of group participation must be submitted via email or letter prior to the monthly billing cycle, no later than the 25th of the month. A consecutive, 12 week commitment is required. If you fail to terminate your group membership without notification, you will be charged for the missed session(s).

Credit Card # _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ **Exp Date:** ___/___

By signing below, I agree to the conditions stated above. I also agree to the confidentiality of group discussions, the conference telephone number and access code. These numbers are not to be shared with others.

Group Member's Signature **Date**

Therapist's Signature **Date**