ROBLEY K. YEE, Ph.D., LICSW

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Individual and Relational Psychotherapy

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I authorize **Robley K. Yee, PhD, LICSW** to charge the amount of my financial responsibility for services received as determined by my health care policy, the rates outlined in the Good Faith Estimate (self-pay clients), or the fees as stated in the Late Cancellation and Missed Appointment Policy if this charge is due to a missed or late cancelled appointment. I agree to pay for this purchase in accordance with the issuing back cardholder agreement.

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