

Electronic Payment Communications Disclosure

Payments for Craig D. Lounsborough, LPC services via credit card include the following cards:

- Visa
- MasterCard

Please Be Aware of the Following:

We have the duty to uphold your confidentiality, and thus we wish to make sure that your use of the above payment services is done as securely and privately as possible.

After using either of these cards to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include our business name, and would indicate that you have paid for a therapy session.

It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are unable to control this and we are likewise unable to control which email address or phone number your receipt is sent to. These factors are determined by your credit card company as part of your agreement with them.

So before using one of the above services to pay for your session(s), please think about these questions:

- At which email address or phone numbers have I received these kinds of receipts before?
- Are any of those addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.
- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them?

In addition to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to Craig D. Lounsborough, LPC. Therefore, you may wish to consider who might have access to your statements before making payments by credit card.

Health Savings Account and Flexible Spending Accounts

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is the possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

I acknowledge receipt of this notice and that I have read it and consent to it.

Patient Name : _____ Date: _____

Signature: _____

Patient Name : _____ Date: _____

Signature: _____