

PATIENT/THERAPIST GUIDELINES

Craig D. Lounsborough, M.Div., LPC

1. Therapy with Craig Lounsborough is a collaborative process between him and his patient(s). This means that Mr. Lounsborough does what he commits himself to do and the patient does the same. An example of this is reflected in the homework assignments, reading, behavioral assignments, charting, and assessments, etc., are to be completed in the agreed upon time.
2. Successful treatment starts with and builds on a good rapport between patient and therapist; however, this is based on appropriate professional boundaries. Mr. Lounsborough treats patients with respect, dignity and care. He anticipates that patients will treat him in a similar manner. Mr. Lounsborough does not allow sessions to be recorded.
3. Mr. Lounsborough has been practicing as a mental health provider for over twenty-nine years. He is only licensed as a Licensed Professional Counselor in Colorado. People residing in other states or within the State of Colorado who request to be his patients will need to be prepared to come to his Parker office for initial sessions to include a clinical intake, personality assessments, initial therapy sessions and treatment planning. If Mr. Lounsborough's clinical assessment is that the patient's presenting issues and diagnosis are of the nature that they cannot be managed by an in office and telephone regimen, then he will only provide transition assistance until a local provider can be secured for the patient. Please be advised that your insurance provider may not reimburse you for his services.
4. Mr. Lounsborough is committed to his patient's well-being. He may request a collateral session(s) with a patient's family member, MD, another therapist, a pastor or priest, etc. to receive other's perspective on the patient. If this is needed, Mr. Lounsborough will discuss this with the patient and obtain their signed permission to allow him to speak to them. The patient will be responsible for the payment of that session(s).
5. All new patient forms will need to be filled out and supplied to Mr. Lounsborough's office at the person's first visit. Out of State or local patients will be emailed these forms in advance.
6. Mr. Lounsborough's agreed upon fees are to be paid at the time of the session. He asks for a patient's credit card to be on file to be run remotely for any in-office, telephone sessions, case management and assessment costs.
7. Mr. Lounsborough maintains a full patient schedule. He asks that you would respect his time boundaries as he seeks to do the same for his patients. When patient emergencies arise in his day, he will contact you as soon as possible and reschedule if the need arises. Although Craig returns calls the same business day, if you are calling him on the weekend, he may not return your call until the following Monday.
8. If you have any other questions or concerns, please talk to Mr. Lounsborough during your initial session.
9. I consent to have read these guidelines and commit myself to follow them as Mr. Lounsborough's patient.

Patient's Signature _____ Date _____

Patient's Partner or Parent _____ Date _____