

# *Galleria Counseling & Consulting*

*4265 San Felipe*

*Suite 1100*

*Houston, TX. 77027*

*713-389-0745*

**DEBORAH A. OLSON, M.A. LPC**

## **DISCLOSURE STATEMENT AND CONTRACT**

### **Who I am---**

This document is intended to provide you with information about myself and my services and to define our professional relationship.

My name is Deborah A. Olson and my degrees include a B.A. degree (1997) in Psychology from the University of St. Thomas and a M.A. (2001) in Clinical Psychology from Sam Houston State University. I am a Licensed Professional Counselor (LPC) in the State of Texas.

### **Fees—**

At this time, I do not accept any insurance plans, and therefore, I will accept cash, checks, and credit/debit cards. My fees are \$150 for a 50 minute session and are due at the conclusion of each session. If you wish to file with your own insurance company, I will give you my completed form with the necessary codes for you to file directly with your insurance. If payments are more than 30 days past due, there will be a late fee of \$10.00 assessed. If payments are more than 60 days past due, there is a possibility it will be submitted to a collection agency.

### **CANCELATION---**

If you need to cancel or change an appointment, **you agree to notify me 24 hours in advance or pay for the session you miss.**

### **Limits of Confidentiality—**

The information you share with me in our sessions is confidential, with the following exceptions: (1) if you are in danger of harming yourself or

another person (2) the court orders me to disclose information (3) if you report sexual misconduct of another therapist (4) if you report to me knowledge of abuse to the elderly or a minor child (5) if you direct me to share information with another individual and I agree.

**Professional Relationship—**

My objective is to render services in a professional manner consistent with accepted standards of practice. Our sessions will be 50 minutes in duration for individual counseling. It is impossible for me to guarantee specific results regarding your therapy goals. However, through our collaborative efforts, we will work to achieve the best possible outcome for you. It is imperative for you to understand that our relationship is of a professional nature, rather than a social one. As such, I am not able to meet with you outside of our sessions in a social setting or relate to you in any way other than in the professional context of our therapy sessions. If you are dissatisfied with my work, I will assist you in finding another counselor with whom you might be able to work more effectively.

**Services for Legal Purposes, Court cases, Requests from attorneys, etc.**

**Testifying in court as an Expert Witness on your behalf is not one of my areas of expertise. Therefore, if you are seeking a professional to assist in your court case, I can recommend other professionals to you.**

If you ask me to provide copies of your medical records, progress notes, etc. for legal purposes, or attend and/or testify in your court case, there will be additional fees charged for these services. A copy of these fees can be given to you upon request.

**Please sign and date below that you have read and understand the previous document regarding our sessions together. Your signature is your written indication that you will agree to adhere to these policies during our professional relationship.**

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**Signature**

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**Date**