**Patty Olwell, LPC**

**License Number 66033**

**512-296-9039**

**Informed Consent Agreement**

This form explains aspects of how I work. I encourage you to ask any questions you have about my way of working or about psychotherapy in general at any point in our therapy together.

**Training and Background**

I am a Licensed Professional Counselor, licensed by the Texas State Board of Examiners of Professional Counselors (license 66033). I have a Master’s in Counseling Psychology from St Edwards University.

**Confidentiality**

I will treat with great care all information you share with me. It is your right that our sessions and my records about you be kept private. In all but a few rare situations, your confidentiality is protected by state law, the rules of my profession, and my personal integrity. Texas state law requires me to inform you that in certain cases your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/agencies. These cases are:

* -  If I have reason to believe that you may harm yourself or others,
* -  If I have reason to believe that you are involved in or have knowledge of abuse or  neglect of a child; or abuse, neglect, or exploitation of a person who is elderly or  has a disability, or
* -  If I am ordered to disclose by state or federal courts.  Additionally, I may disclose information if you sign a release form granting permission to designated third parties to receive information that you request me to share.  I will never disclose your information for any reason without your knowing of my intent.

**Therapeutic Relationship**

The relationship between therapist and client is the container through which change can take place. As such, the relationship is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate boundaries must be maintained. Because the therapist-client relationship is so important, I cannot be involved in a social relationship or friendship that exists outside of the therapy room. Limiting our relationship to the therapy office keeps your therapeutic environment safe, secure, and free of outside complications that could interfere with your therapy work.

**The Therapeutic Process**

I practice depth-psychologically-oriented psychotherapy (that is, therapy that effects deep changes in one’s life). The majority of our work takes place in the context of our relationship, and that relationship or any other aspect of therapy will sometimes elicit very strong feelings. It is natural and expected that feelings such as these will arise during the course of therapy, and coming to understand such feelings is an important part of the work. The full experience of emotions within the safety of a reparative relationship facilitates deep healing.

Because most healing takes place in the context of new emotional experiences lived in the context of a caring relationship, much of our work will focus on what is happening here-and-now in the therapy room. Many of the here-and-now experiences will concentrate on emotions, and I will ask you at times to focus on your feelings and on your bodily experiences (as emotional experience is often reflected in the body). This present-centered emotional work then relates to and radiates into the exploration of and the healing of current problems and historic life experiences.

While not all of the therapy may meet your expectations, and your symptoms may become more pronounced at different points during the course of therapy, therapy is hopeful work. Much of the work can ultimately help with shifting your inner perspective in a healthy way, which assists in dealing with painful feelings, making sense of difficult memories, or resolving problems in relating to others.

**Fees**

My fee is $140 per 50-minute session. Payment in full is due at the time services are rendered, unless you make special arrangements with me beforehand.

Because I respect the integrity of therapy sessions, fees must be paid at the beginning of each session. When checks are written at the end of a session, the momentum of the session can be de-railed.

**Session Guidelines**

I hold 50 minute sessions. If you need to cancel an appointment, you must give me 24 hours notice. Otherwise you will be charged for the missed appointment.

Sessions are expected to begin and end at the scheduled time. Late arrival on your part will not extend the scheduled ending time for a session. I am also expected to be on time, and I will make appropriate remedy if I am late, such as by making up the time, pro- rating the fee, etc.

The frequency of sessions and the length of the psychotherapy are aspects of the work that you and I will decide together as we proceed. Generally, our psychotherapy will continue until you and I together decide that our work is complete.

**Outside Contact and Emergencies**

You may leave a message for me on my private, confidential voice mail (296-9039) at any time. I check my messages daily, and I will return your call as soon as I can. However, this number is not an emergency phone number.

In case of an emergency, or if you need immediate assistance for any reason, please call the 24-hour crisis hotline at 472-HELP (472-4357).

Again, please feel free at any time to ask me any questions you may have about the information outlined in this or any of my other forms.

I have understood and received a copy of this agreement.

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