



Mary Preuss Olson
THE MAGNIFICENT LIVING INSTITUTE
New Client Form

Agreements for our Healing/Counseling Collaboration

Welcome! This information will assist me to work with you more effectively, help you know what to expect, and make sure that we are on the same page with each other. Please take the time to read, consider and sign the following agreements. After you have completed them, please bring them with you to your first appointment. I appreciate your time and intention, and look forward to co-creating with you.

Your name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Do you want me to add your name to my email list for occasional notices about classes, workshops, news and events? I don't share my list with anyone. ___ Yes ___ No Thanks

Home Phone _____ Work Phone _____

Cell Phone _____ Best way for me to reach you in case of emergency (in the event of bad weather, illness etc.) _____

Emergency Contact _____

How did you hear of Mary? _____

1. I understand that our work together is completely confidential and that Mary will not share my information with anyone.
2. I agree to be on time for each appointment and that billing for my session begins at the scheduled time.
3. I agree to pay according to the following fee schedule for in-person sessions:
First Session: \$150/75 minutes
Follow-up Sessions: \$150/75 minutes; \$125/60 minutes;

I understand that payment is due at the time of the session, unless other arrangements have been made in advance. I understand that Mary accepts cash, checks, money orders and traveler's checks. Visa and Mastercard are accepted for a 3% service charge.

4. I agree that if I need to cancel or reschedule my appointment that I will call Mary at 608-516-8778 as soon as I become aware of my need to change the appointment, with a minimum of 48 hours in advance of the appointment. I understand that I will be charged the full one-hour fee if this notice is not given.
5. I understand that if I am a no-show that I am responsible for paying the full one-hour fee. I understand that no cancellations are accepted by email.
6. I understand that Mary does not accept insurance of any kind, or work with insurance companies in any way.
7. I understand that Mary draws from a wide variety of transpersonal, energetic and transformational approaches, and will use these techniques and approaches as needed in our work together. I understand that Mary will make suggestions and recommendations for me to follow-up with on my own in order to take responsibility for my continued evolution and well-being.

Signed,

Your name

Date



Mary Preuss Olson's
MAGNIFICENT LIVING
I N S T I T U T E

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