

The Woodsfellow Institute for Couples Therapy
2801 Buford Hwy NE, Suite 295
Atlanta, GA 30329
phone 404-325-3401 fax 404-325-2897

INFORMATION FORM

Name _____	Today's date _____
Address _____	Date of birth _____
City State Zip _____	Age _____ Gender _____
Home phone () _____	May we leave a message? yes ___ no ___
Cell phone () _____	May we leave a message? yes ___ no ___
Email _____	How do you know them? _____
Referred by _____	Employer _____
May we thank them? yes ___ no ___	
Your occupation _____	
Work address _____	
City State Zip _____	
Work phone () _____	May we leave a message? yes ___ no ___
Marital status _____	Years married ___ Anniversary _____

	Name:	Sex:	Age:
Children	_____		

Your physician _____

Their phone () _____ May we contact them? yes ___ no ___

If you are taking any medications, please list the medication and prescribing doctor

Check any of the following that apply to you and explain

- Depression _____
- Alcohol _____
- Drug abuse _____
- Other addictions _____
- Serious illness _____
- Violence _____
- Suicide thoughts _____

Are these currently being treated? yes ____ no ____

By whom? _____

Their phone () _____

May we contact them? yes ____ no ____

Are you currently in therapy? yes ____ no ____

With whom? _____

Their phone () _____

May we contact them? yes ____ no ____

Have you ever been in therapy before? yes ____ no ____

With whom? _____

When? _____

Their phone () _____

May we contact them? yes ____ no ____

How will you know when your couples therapy is successful?

Realistically, how long do you think this might take? _____

Payments and Cancellations

I agree to pay for my treatment at the time of service.

I agree that if I cancel an appointment without sufficient notice, I will pay for the time that was saved for me.

Date _____

Signature _____

Print your name _____

Name:

Date:

Consider the last few months of your relationship. Please check TRUE or FALSE for each.

Knowing one another	TRUE	FALSE
I can tell you some of my partner's life dreams.		
My partner is familiar with my current life stresses.		
I know my partner's major current worries.		
My partner knows what I do during the day.		
I can list my partner's major aspirations and hopes in life.		

Liking each other	TRUE	FALSE
My partner really respects me.		
I feel loved and cared for in this relationship.		
Our relationship still has romance.		
When I come into a room my partner is glad to see me.		
My partner appreciates the things I do in this relationship.		

Engagement	TRUE	FALSE
I really enjoy discussing things with my partner.		
We always have a lot to say to each other.		
We have a lot of fun together in our everyday lives.		
We really have a lot of interests in common.		
We like to do a lot of the same things.		

How talks start	TRUE	FALSE
Arguments often seem to come out of nowhere.		
I always seem to get blamed for things.		
My partner criticizes my personality.		
Our calm is suddenly shattered.		
I find my partner's negativity unnerving and unsettling.		

Influence	TRUE	FALSE
I have a lot of influence in this relationship.		
My partner feels that I have a lot of basic common sense.		
My partner considers my opinions seriously.		
My partner thinks I am a great help as a problem solver.		
My partner believes in lots of give and take in our discussions.		

Repairs	TRUE	FALSE
We are good at taking breaks when we need them.		
Even when arguing, we can maintain a sense of humor.		
We are pretty good listeners even when we disagree.		
If things get heated we can usually pull out of it.		
My partner is good at soothing me when I get upset.		

Compromise	TRUE	FALSE
We are usually good at resolving our differences.		
We both believe in meeting each other halfway when we disagree.		
In discussion we can usually find our common ground.		
Yielding power is pretty comfortable for me.		
Give-and-take in making decisions works pretty well for us.		

Negativity	TRUE	FALSE
I've felt blamed for our problems.		
I've felt unjustly accused.		
I've felt personally attacked.		
I've felt unjustly criticized.		
I just wanted the negativity to stop.		

Gridlock	TRUE	FALSE
We keep hurting each other when we discuss our core issues.		
My partner has a long list of unreasonable demands.		
I don't feel respected when we disagree.		
My partner often acts in a selfish manner.		
My partner acts like I'm totally wrong and he or she is totally right.		

Criticism and defensiveness	TRUE	FALSE
I feel criticized when we talk about our disagreements.		
I try to point out flaws that my partner needs to improve.		
I have to defend myself against unfair charges.		
When we talk about problems, my partner is too defensive.		
Many of our issues are just not my problem.		

Contempt and stonewalling	TRUE	FALSE
I can get mean and insulting in our disputes		
In our disputes, I don't even feel like my partner likes me.		
At times, I feel explosive and out of control about our issues.		
My partner often clams up and becomes quiet.		
I often just want to leave the scene of our arguments.		

Flooding	TRUE	FALSE
Our discussions get too heated.		
I have a hard time calming down.		
One of us is going to say something we will regret.		
I think to myself, "Why can't we talk more logically?"		
I feel overwhelmed during our arguments.		

Disengagement	TRUE	FALSE
I often find myself disappointed in this marriage.		
At times I find myself quite lonely in this relationship.		
My deepest feelings don't get much attention.		
There is not enough closeness between us.		
I have adapted to too much in this relationship.		

Name _____

Date _____

For each of these topics, please write a sentence or two about how you handle these areas of life:

Talking to each other, staying emotionally connected, spending time together

Outside stressors spilling over into your relationship

Irresolvable disagreements and gridlocks

Romance, verbal affection, physical affection

Sexuality and physical intimacy

Major life change events: births, deaths, moves, job losses, illnesses, etc.

Children and co-parenting

Relatives and in-laws

Infidelity, Jealousy, flirtation

Disagreements, fights, anger

Differences in your values and preferences

Very hard events: violence, alcohol, drugs

Teamwork on chores, childcare

Decision-making, influence, power-sharing

Finances, spending, saving, financial planning

Recreation, fun, hobbies

Spirituality and religion

Your name _____

Date _____

Weiss-Cerreto
MARITAL STATUS INVENTORY

We would like to get an idea of how your marriage stands right now. Please answer all the questions below by circling TRUE or FALSE for each item with regard to how things stand right now. For items that are true, please indicate what year the item began to be true.

- FALSE TRUE Year _____ 1. I have made specific plans to discuss separation or divorce with my spouse. I have considered what I would say, etc.
- FALSE TRUE Year _____ 2. I have set up an independent bank account in my name in order to protect my own interests.
- FALSE TRUE Year _____ 3. Thoughts of divorce occur to me very frequently, as often as once a week or more.
- FALSE TRUE Year _____ 4. I have suggested to my spouse that I wished to be separated, divorced, or rid of him/her.
- FALSE TRUE Year _____ 5. I have thought specifically about divorce or separation. I have thought about who would get the kids, how things would be divided, pros and cons, etc.
- FALSE TRUE Year _____ 6. My spouse and I have separated. This is a (check one) _____ trial separation or _____ legal separation.
- FALSE TRUE Year _____ 7. I have discussed the question of my divorce or separation with someone other than my spouse (trusted friend, psychologist, minister, etc.).
- FALSE TRUE Year _____ 8. I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident.
- FALSE TRUE Year _____ 9. I have discussed the issue of divorce seriously or at length with my spouse.
- FALSE TRUE Year _____ 10. I have filed for divorce, or we are divorced.
- FALSE TRUE Year _____ 11. I have made inquiries of nonprofessionals as to how long it takes to get a divorce, Grounds for divorce, costs involved, etc.
- FALSE TRUE Year _____ 12. I have contacted a lawyer to make preliminary plans for a divorce.
- FALSE TRUE Year _____ 13. I have consulted with a lawyer or other legal aid about the matter.
- FALSE TRUE Year _____ 14. I have considered divorce or separation a few times, other than during or after an argument, although only in vague terms.

David Woodsfellow, Ph.D.
Licensed Psychologist

PSYCHOTHERAPY AGREEMENT

Welcome to my practice. Here is some information to help you understand how my therapy works. Please read it carefully. If this is all agreeable to you, please sign at the bottom. If you have any questions, let's discuss them at our next meeting.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the particular problems that the clients bring, the training of the therapist, and the personalities of the clients and the therapist. Unlike a visit to a medical doctor, psychotherapy requires hard work on your part. In order to be successful, you will have to put a lot of effort into your sessions and a lot of effort into the time between sessions.

Psychotherapy has both benefits and risks. Research has shown that two-thirds to three-quarters of clients find their therapy quite helpful. Psychotherapy often leads to a significant reduction of distress, better relationships, and resolution of specific problems. I hope you will also experience better communication, greater success with difficult issues, and a greater sense of teamwork. Unfortunately, since psychotherapy is not an exact science, there can be no guarantees about what your experience will be.

The risks of psychotherapy include feelings of frustration, fear, anger, and sadness. You may have to talk about things that are difficult to discuss. Psychotherapy will also probably involve making some changes in your habitual ways of doing things – and this may feel difficult at first. Your therapy may involve recalling unpleasant aspects of your life and life history. Also, you may have new insights into yourself and others that may initially feel uncomfortable.

STARTING THERAPY

Research has shown that the most important predictor of therapy success is a good working relationship between clients and therapist. For this reason, we should all collaborate to find ways to work together well. I will explain to you my style of therapy and answer any questions you may have about me. Also, if you would like, I will direct you to written materials that describe my approach to couples therapy.

Please let me know what makes you comfortable and uncomfortable. We need to work together to establish good teamwork, just like in any relationship. Since therapy involves a large commitment of time, money, and energy, this is an important task to do well.

Our first full-day meeting is with the two of you together. All subsequent meetings will also be with the two of you together. Many couples come back for follow-up meetings to make sure you are implementing the new skills you have learned. We will be glad to schedule those meetings with you.

I have found that I can help you best if you are:

- Each willing to acknowledge your contribution to the difficulties.
- Each willing to make changes in the way you talk and the things you do.

MEETINGS

Full-day sessions are six hours of therapy time. Half-day sessions are three hours. I also sometimes use a briefer session of 90 minutes – usually for couples who are coming on a weekly basis. For couples therapy appointments: if one of you is late, we wait until you both are here. If one of you cannot attend a couples therapy appointment, you will both have to cancel and reschedule that appointment.

I do not meet with either one of you separately when we had planned a couples appointment. And remember, I do not keep secrets between the two of you.

AUDIO AND VIDEO RECORDING

In certain situations, I may suggest audio or video recording some of your therapy sessions. This will always be done with your knowledge, your permission, and your understanding of why we are taping. I never do any taping in secret. You'll always know whenever we are taping.

We may videotape some parts of your therapy sessions for all three of us to review together during your session. It is often very helpful to observe yourselves as you discuss a problem. Sometimes you can see what went wrong – and what you need to do differently. These videotapes will be erased after your session.

Sometimes I may make audio recordings of your sessions for you to take home and review. If I make audio recordings like this, you will get the one and only copy to take with you. People often benefit by reviewing their sessions. Sometimes it helps you continue your work of improving your relationship. Sometimes you may hear something you didn't hear the first time.

CANCELLATIONS AND RESCHEDULING

My cancellation policy has three parts. 1. When any one of us needs to change an appointment, we each agree to give the other two people as much notice as possible. 2. If you change an appointment with less than one weeks notice, you will have to pay my full fee for that time (because that time was saved for you). 3. If I change an appointment with less than one weeks notice, I will pay you my full fee for that time (because you also saved that time). This "one weeks notice" policy applies regardless of reason for the cancellation. The only exceptions are: situations that require immediate medical attention, funerals, and deaths in the family. There is no charge in these circumstances. However, there are other circumstances that do result in a charge, even though you had no control over them. These include last-minute business meetings, car breakdowns, minor illnesses, babysitters who don't show up, airplanes that don't arrive on time, and similar difficulties. I empathize with these problems, and sometimes have them myself. Nonetheless, if they cause me to cancel an appointment with less than one weeks notice, I will pay you my full fee. And if they cause you to cancel an appointment with less than one weeks notice, you will have to pay my full fee for that time.

PROBLEMS WITH THERAPY

If you have questions or problems with any part of your therapy, please bring these to my attention in session as soon as possible. It is essential that we talk about your concerns, explore them and resolve them. Our teamwork depends on it, and the success of your therapy depends on it.

Sometimes, I may be able to modify my procedures so that they will work better for you. Sometimes, greater explanation will help you understand why I do certain things and why they may be helpful. At other times, the problem you are having with therapy may be very similar to the problem you are having in your relationship. This can be a perfect opportunity for you to learn, grow and change – although it may feel difficult at the time. You may discover something new about yourself that will help you break-through an important problem in your relationship.

I will consistently encourage you to talk about your concerns, problems and difficulties so that we can resolve them. I believe this kind of discussion is crucial in the therapeutic relationship between you and me – and I believe it is crucial in your relationship with each other. However, if your doubts, concerns, or problems about therapy persist, I am willing to suggest another consultant or another therapist.

FOLLOW-UP AND ONGOING SUPPORT

Usually, couples return periodically for additional sessions until they feel that their problems are resolved. When you feel that things are going well on your own, we usually schedule a follow-up meeting or two. Research has shown that the first two years are the time to be concerned about backsliding. However, if you can maintain your new improvements for these two years, they are probably yours “for keeps.” Many couples like to have me as a resource whenever they feel the need for support in their relationship. I will be glad to arrange whatever ongoing support feels most helpful to the two of you.

FEES AND PAYMENT

My fees are as follows:

Two-day intensive	\$4000
Full-day session	\$2000
Half-day session	\$1000
90-minute session	\$ 500

You will be expected to pay for each session at the time it is held, unless we agree otherwise. You may pay by check, credit card, or cash. If you have insurance that covers psychotherapy, and you want to file claims, we will give you the proper form to send to your company so that they may reimburse you. However, most insurance reimbursement assumes much shorter sessions of 45 minutes. Unfortunately, most insurance companies do not reimburse proportionately for these longer sessions.

If you are unable to afford my fee, please discuss this with me. I may be able to arrange a payment plan with you, or a discounted fee arrangement, or a referral to some other therapy at a price you can afford.

INSURANCE REIMBURSEMENT

Most health insurance provides some coverage for psychotherapy. If you have the option of choosing your own doctor, you will probably be covered for my services because I am a licensed psychologist. I will provide you with whatever assistance I can in facilitating your receipt of the benefits to which you are entitled, by providing you with an appropriate insurance statement. However, I do not file forms for you. You – and not your insurance company – are responsible for full payment of my fees.

If you submit claims to your insurance company, a clinical diagnosis will be required. This information will become part of the insurance company’s records. All insurance companies say that they keep such information confidential, but once information is in their hands, I cannot control what they do with it. If your insurance company should request additional information from me, I will contact you before responding so that we can discuss the matter and you can decide how you would like me to respond.

OTHER PROFESSIONAL SERVICES

In the rare instance that you should need professional services other than psychotherapy, it is my practice to charge an hourly fee of \$400 on a prorated basis. Such services might include report writing, lengthy telephone conversations, meetings or consultations, preparation of records or treatment summaries, or similar. In the rare circumstance that you become involved in litigation that requires my participation, you will be expected to pay for my professional time even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$400 per hour for preparation for any legal proceeding and \$600 per hour, door-to-door, for attendance at any legal proceeding. Fees for any of these professional services will be agreed upon at the time these services are requested.

CONTACTING ME

I am usually in my office between 10:00 a.m. and 6:00 p.m. However, I do not come to the telephone when I am with clients. Sometimes my wife, Deborah Woodsfellow, may be available to answer the phone. At

other times, you may leave a message on our voicemail. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

When leaving a message for me, please leave your phone number and a time or two when I can return your call. I will make every effort to return your call on the same day, except for weekends and holidays.

In an emergency, please leave me a message and then call your family physician or go to the emergency room at the nearest hospital. At the hospital, ask for the psychiatrist on call. I will return your call as soon as I receive your message, but on weekends and holidays I may not receive your message until the next business day.

PROFESSIONAL RECORDS

The standards of my profession require that I keep appropriate treatment records. If you both release them, I will provide both of you with a copy of your records or a summary. Because these are professional records, they can be misinterpreted and might possibly be upsetting. If you wish to see your records, I recommend that you review them with me so that we can discuss what they contain.

CONFIDENTIALITY

To release information about your couples therapy, I need to have written releases from both of you. In general, the law protects the confidentiality of all communications between clients and psychologist. I only release information about our work with both of your written releases. Clients often give me releases to talk to their individual therapists, and/or previous therapists. This helps me to coordinate your couples therapy so that it will be most helpful to you.

Conceivably, one of you might think that my testimony would be helpful to you in a legal proceeding, such as a divorce. Please remember, that my testimony would require written releases from both of you. So far, in thirty years of practice, every time this has happened, one client did not agree to releasing the records – therefore I have never had to testify in a divorce proceeding.

In most judicial proceedings, you have the right to prevent me from providing information about your treatment. Unless both of you consent to a release, I am not allowed to release information about your treatment. Therefore either one of you can stop such a release of information.

I have been informed by counsel that in circumstances such as child custody proceedings (and proceedings in which your mental health is an important element) it is conceivable that a judge might require my testimony, in spite of your non-consent and in spite of my repeated legal objections on the basis of confidentiality. Of course, I would do my best to prevent this. And, let me add, nothing like this has never happened in my thirty years of practice.

There are also a few situations in which I am legally required to protect someone, even if that involves revealing some information about a client's treatment. 1. If I believe that a child, an elderly person or a disabled person is being abused, I may be required by law to file a report with the appropriate state agency. 2. If I believe that a client of mine is threatening serious bodily harm to another person, I may be required to take protective action, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. 3. If a client of mine threatens to harm him/herself, I may be required to seek hospitalization for that client, or contact family members or others who can help provide protection. These situations have rarely arisen in my practice. Should such a situation occur, I would make every effort to discuss it fully with you before taking any action.

Occasionally, I find it helpful to consult with other professionals about a situation in therapy. In these consultations, I avoid revealing the identity of my clients. I will usually inform you of these consultations.

I want to say again, that I am honored that you have chosen me as your couples therapist. I will do everything I can to help you move forward, solve your problems and be happy again.

AGREEMENT

My signature below indicates that I have read the information in this document and I agree to these guidelines for our professional relationship.

Name

Date

Name

Date

Revised : October 2010

David Woodsfellow, PhD
GEORGIA NOTICE FORM

Notice of Psychologist's Policies and Practices
To Protect the Privacy of Your Health Information

This notice describes how psychological information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
 - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority.
- *Adult and Domestic Abuse* – If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report that belief to the appropriate authority.
- *Health Oversight Activities* – If I am the subject of an inquiry by the Georgia Board of Psychological Examiners, I may be required to disclose protected health information regarding you in proceedings before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- *Serious Threat to Health or Safety* – If I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.
- *Worker's Compensation* – I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will . . . [*Notice must also describe how the psychologist will provide individuals with a revised notice, e.g., by mail.*]

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact David Woodsfellow, PhD, Director, A Center for Relationship Therapy, 404-325-3401.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to David Woodsfellow, PhD, Director, A Center for Relationship Therapy, 2801 Druid Chase, Suite 295, Atlanta, GA 30329, or via email at woodsfellow@mindspring.com

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect April 14, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail at the last known address I have for you in my records.

GEORGIA NOTICE SIGNATURE PAGE

My signature acknowledges that I have received a copy of the GEORGIA NOTICE. This notice details the policies that protect the privacy of my personal health information. I understand that I may ask questions and discuss any concerns that I might have regarding these policies and practices with Dr. David Woodsfellow

Patient Signature

Date

Patient's Printed Name

Patient Signature

Date

Patient's Printed Name

David Woodsfellow, Ph.D.

Date