

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 _____
Referred by _____ How do you know them? _____
May we thank them? yes ___ no ___
Your occupation _____ Employer _____
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

What problems do you want help with?

What have you tried to do about these problems so far?

What has helped? What hasn't helped?

Is there something else you would like us to know?

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 _____

For each of the following 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

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 Psychotherapy Agreement is acceptable to both of you, please sign the last page. If you have any questions, let's discuss them when we meet.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the particular problems the clients bring, the training of the therapist, and the personalities of the clients and the therapist. 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 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. We may need to discuss unpleasant aspects of your situation and your life history. You may have new insights about yourself and others that may feel uncomfortable. You may be asked to make changes in your habitual ways of doing things – and this may feel difficult at first.

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 well together. 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.

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

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

MEETINGS

Our first full-day meeting, and all subsequent meetings will be the two of you together. 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 come on a weekly basis. For couples therapy appointments: if one of you is late, we wait until you are both here. If one of you cannot attend an appointment, we will have to reschedule for a time that works for both of you. I do not meet with either one of you separately. Our first full-day meeting is with the two of you together, as are all subsequent meetings. Many couples schedule follow-up meetings to make sure they are implementing the new skills they have learned.

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 others as much notice as possible.
2. If you change a full-day (or two-day) intensive appointment with less than two weeks notice, you will have to pay my full fee for that time (because that time was saved for you).

3. If I change a full-day (or two-day) intensive appointment with less than two weeks notice, I will pay you my full fee for that time (because you also saved that time).

This "two 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 two weeks notice, I will pay you my full fee for that time. And if they cause you to cancel an appointment with less than two weeks notice, you will have to pay my full fee for that time.

If, at some point in your therapy, you change from full-day intensive appointments to half-day appointments or weekly appointments, our cancellation agreement will shift to one weeks notice.

VIDEOTAPE RECORDING

I often videotape couples therapy sessions. This will only 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 videotape therapy sessions so that, when I think it would be helpful, all three of us will be able to review parts of your session. It is often very helpful to observe yourselves like this. It lets you see what's going wrong – and think about what you need to do differently. These videotapes are routinely erased after each session.

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 – and the success of your therapy – depends on it.

Sometimes, I may be able to modify my procedures so they will work better for you. Sometimes, greater explanation will help you understand why I do certain things and why those things may be helpful. Sometimes, 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 we can resolve them. I believe this kind of discussion is crucial in the therapeutic relationship between us – 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 refer you to another therapist with whom you may be more comfortable.

FOLLOW-UP AND ONGOING SUPPORT

Usually, couples return periodically for additional sessions until they feel 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 would be most helpful to the two of you.

FEES AND PAYMENT

My fees are as follows:

Two-day intensive \$4800

Full-day session \$2400

Half-day session \$1200

90-minute session \$ 600

You will be expected to pay for each session at the time it is held, unless we agree otherwise.

You may pay by credit card, check or cash. If you are unable to afford my fee, please discuss this with me. I may be able to give you referral that will allow you to get the help you need at a price you can afford.

INSURANCE REIMBURSEMENT

Most health insurance provides some coverage for family therapy and out-of-network providers. This means, if you have the option of choosing your own doctor, you may be partially reimbursed for my services because I am a licensed psychologist. If you would like, I will provide you with forms you can file with your insurance company for each session. However, I do not file forms for you. You – not your insurance company – are responsible for full payment of my fees. If you want to file claims, we will give you the proper form to send to your insurance company so that they may reimburse you. However, most insurance companies assume family therapy is done in much briefer sessions (45 minutes). Most insurance companies do not reimburse proportionately for longer sessions.

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 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. Such services might include report writing, telephone conversations, meetings or consultations, and review of records. If you should need me to photocopy your records for another professional, the then-current fees from the Official Code of Georgia will be charged.

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 \$600 per hour for preparation for any legal proceeding and \$600 per hour, door-to-door, for attendance at any legal proceeding. Fees for these professional services will be agreed upon at the time these services are requested. A retainer of \$6,000 will be required prior to my beginning any legal-related professional services. If less than 10 hours of time is involved, I will refund you the balance when my involvement is complete.

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 and colleague, Deborah Woodsfellow, may be available to answer the phone. At other times, you may leave a message on our confidential voicemail. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact as needed.

When leaving a message for me, please leave your phone number and a few times when I can return your call. I will make every effort to call you back the same day, except for weekends and holidays.

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

DIGITAL POLICY

I prefer to schedule appointments by telephone and voicemail. Email is less preferred because it may not be adequately secure or confidential. If you choose to communicate with me by email, please be aware that emails are retained in the logs of your and my Internet service providers. On the other hand, emails sent from my website are secure and confidential.

Please do not email me any information related to the content of your therapy sessions. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record which might need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone.

Please do not use text messages or social networking sites like LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Once we have established a client/therapist relationship, please do not engage with me on any online public domain.

I do not accept any social networking requests from current or former clients, because that could compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can discuss your concerns.

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 may be misinterpreted and possibly upsetting. If you wish to see your records, I recommend you review them with me so we can discuss what they contain.

CONFIDENTIALITY

In couples therapy, you are my clients together. Because of this, I do not keep secrets between the two of you. To be an effective therapist, it is necessary that you both give me permission to use all information you share. If I were to make an agreement with one of you keep some crucial piece of information secret from the other one, your therapy would be severely compromised. There would be important issues we would not be able to address. One of you would know I was keeping a secret from the other. One of you would be deceived by your therapist - the person you thought was here to help you.

For all these reasons, I don't keep secrets between the two of you. I need the freedom to use everything I know and everything you provide to help the two of you. So, if you have a secret Swiss bank account, or a secret affair, don't tell me unless you are ready to share it with your partner also. I am your couples therapist, not your individual therapist.

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 and 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, my testimony would require written releases from both of you. So far, in twenty-five years of practice, every time this has happened, one client did not agree to releasing the records. So far, 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 my repeated legal objections. Of course, I would do my best to prevent this. And, let me add, nothing like this has never happened in my twenty-five 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, elderly or 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. This 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.

DISCLAIMERS

While I have taken training in Imago Relationship Therapy, I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The Institute for Imago Relationship Therapy and its agents have no responsibility for the services you receive.

While I have taken training in Mars Venus Counseling, I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The Mars Venus Institute and its agents have no responsibility for the services you receive.

While I have taken training in the Gottman Method Marital Therapy, I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The Gottman Institute and its agents have no responsibility for the services you receive.

While I have taken training in the Relational Empowerment Therapy, I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The Relational Life Institute and its agents have no responsibility for the services you receive.

While I have taken training in the Emotionally Focused Therapy, I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The International Centre for Excellence in Emotionally Focused Therapy and its agents have no responsibility for the services you receive.

IN CONCLUSION

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 with each other 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

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 inform you of such changes in person or 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