

David Woodsfellow, Ph.D.
Licensed Psychologist
The Woodsfellow Institute for Couples Therapy
2801 Buford Hwy NE, Suite 295
Brookhaven, Georgia 30329

CONSENT TO TREATMENT

Welcome to my practice. Here is some information to help you understand how my therapy works. Please read it carefully. If this description of treatment is acceptable to you, please sign the last page. 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 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 therapy quite helpful. Psychotherapy often leads to a significant reduction of distress, better relationships, and resolution of specific problems. I hope you will 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, in our first few sessions, we should all collaborate to find ways to work well together. I will show you my style of therapy and answer any questions you may have about me. I will give you my initial impressions of what your therapy will involve. 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.

The first meeting was with the two of you together. In the next session, I will meet with each of you separately. Please keep in mind that I don't keep secrets between the two of you. In our third meeting, when I meet with the two of you together again, I will give you feedback about your situation, including your strengths and the challenges you face. I will make very specific recommendations about what you can do to overcome your problems. Together, we will formulate specific goals for your couples therapy and plans for how to achieve them. Most couples start with weekly appointments; some start with biweekly appointments.

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

- Able to plan and keep regular weekly or biweekly appointments.
- Willing and able to set agendas for your therapy sessions.
- Willing to acknowledge your own contribution to the difficulties.
- Willing to make changes in the way you talk and the things you do.
- Willing to discuss things in therapy before taking unilateral action.

MEETINGS

I always use double-length therapy sessions of 90 minutes. For couples therapy, I have found these double sessions to be much more helpful than the 45-minute sessions used in individual therapy. Longer sessions give you much more time to make progress, bring matters to resolution, and feel like you have taken a step forward.

Sometimes I use more extended half-day or whole-day sessions. Depending on your situation and schedule, we may discuss whether these would be helpful.

I do not meet with either one of you separately when we had planned a couples appointment. If one of you is late, we wait until you both are here. If one of you cannot attend, we reschedule a time that works for both of you.

CANCELLATIONS AND RESCHEDULING

My cancellation policy has three parts:

1. When any one of us needs to change an appointment, we agree to give the two others 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.

PHASES OF THERAPY

Most of the time, successful couples therapy has four phases. The length of these phases depends on your situation, but approximate times and frequencies are:

Assessment	3 sessions	Weekly
Working phase	4-12 sessions	Weekly, then biweekly
Ending phase	2-6 sessions	Monthly
Follow-up phase	2-4 sessions	Semi-annually

Some couples, whose problems are smaller and more focused, may need fewer sessions than what is listed. Other couples, whose problems are more intense, may need more sessions.

Remember, you are NOT committing yourself to any number of sessions currently. The choice of how long to continue your therapy remains yours. This information about phases of therapy is included so that you can understand how I usually work, and how couples therapy usually goes. At the end of your Assessment we will discuss whether to have additional meetings and, if so, how many.

VIDEOTAPE RECORDING

I sometimes videotape couples therapy sessions. This will only be done with your knowledge, understanding, permission, and consent. I never record anything in secret. You'll always know if we are taping.

When I think it might be helpful, I videotape therapy sessions so that all three of us can review parts of your session. It's sometimes very helpful to observe yourself like this. It lets you see what's going wrong – and think about what you need to do differently. 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 depends on it, 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 like the problem you are having in your relationship. This might be a perfect opportunity for you to learn, grow, and change. 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 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.

TERMINATING THE WORKING PHASE OF THERAPY

When you feel like terminating the Working phase of your therapy, I would like you to mention this at the beginning of a session.

We will then plan your final session(s) so that you can continue the positive changes you have made. This may be a good time to complete another relationship questionnaire so you can have a measure of your progress. To finish your therapy work, we usually discuss your reasons for terminating. We discuss any unresolved issues, your original goals, assessment of progress, statement of remaining concerns, plans for continuing your progress, and similar matters.

FOLLOW-UP AND ONGOING SUPPORT

The Ending phase meetings are one month apart. These meetings are designed to help you be confident in your ability to continue the changes you have made in your therapy. They also serve as checkpoints to make sure that you are maintaining the progress you have made. We usually have two to six of these meetings, depending on how you are doing.

When you know that things are going well, we then schedule Follow-up meetings at six-month intervals for the next two years. Research has shown that the first two years are a critical time for backsliding – or maintaining your progress. 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 fee for an extended, double-length 90-minute therapy session is \$750 per couple. You will be expected to pay for each session at the time it is held. You may pay by check, credit card, or cash. If you are unable to afford my fee, please discuss this with me. I will arrange a 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 by 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 a form 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 submit claims to your insurance company, a clinical diagnosis will be required. This information will become part of your insurance company’s records. All insurance companies say that they keep such information confidential, but once any 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 I respond to them so that we can discuss their request and how you would like me to proceed.

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 \$500. Such services might include report writing, lengthy telephone conversations, meetings or consultations, preparation of records, and/or treatment summaries. If you should need me to photocopy your records to send to 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 the services are requested. You will have to give me a retainer of \$6,000 prior to my beginning any legal-related professional services. If less than 10 hours of time is involved, I will refund 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 phone when I am with clients. At those times, you may leave a message on my confidential voicemail. If I am ever 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 reach you. I will make every effort to return your call 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 when you can. 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.

DIGITAL POLICY

I prefer to schedule appointments by telephone and voicemail, although I occasionally use email to schedule appointments. Ordinary email correspondence is not secure or confidential. If you choose to communicate with me by ordinary email, be aware that emails are retained in the logs of your and my Internet service providers. However, emails sent to me from my website, marriagehelpatlanta.com, are secure and confidential. To send me an email from my website, marriagehelpatlanta.com, hover over Our Therapy Practice, select Contact Us, and scroll down to Send Us a Message.

Please do not email me information related to the content of your therapy sessions because 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 that will need to be documented and archived. 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/psychologist 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. I believe that adding clients as friends or contacts on these sites can 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 your records, 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 possibly upsetting. If you wish to see your records, I recommend you review them with me so 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 your sessions work when I have written releases from both of you. Clients

often give me releases to talk to their individual therapists, and/or previous therapists. This can help me to coordinate your couples therapy to 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 gave a release, but the other did not – 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 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 want you to know that 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 or its agents have no responsibility for the services you receive.

While I have taken training in Mars Venus Counseling, I want you to know that 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 of couples therapy, I want you to know that 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 want you to know that 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 want you to know that 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 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.

Signature

Date

Print Your Name

Signature

Date

Print Your Name

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David Woodsfellow, PhD
Deborah Woodsfellow, MPH
The Woodsfellow Institute for Couples Therapy

2801 Buford Hwy NE, Suite 295
Brookhaven, GA 30329
404-325-3401

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a paper copy of your medical record

- You can ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission for:

- Teaching purposes
- Most sharing of psychotherapy notes

How do we usually use your health information?

Our Uses and Disclosures

We typically use or share your health information in the following ways:

To treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

To do research

We can use or share your information for health research.

To comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

To work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

To address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us that we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for this Notice

- Effective Date of this Notice 1/1/19
- Privacy official: David Woodsfellow, PhD, woodsfellow@gmail.com, 404-325-3401
- We never market or sell personal information

I have reviewed this notice and have had a chance to ask questions about it.

Name Date

Name Date

Revised: January 2020