

The Woodsfellow Institute for Couples Therapy
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INFORMATION FORM

Name _____ Today's date _____
Date of birth _____
Address _____ Age _____ Gender _____
City State Zip _____
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

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 ___

What problems do you want help with?

How will you know when your couples therapy is successful?

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

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?

Payments and Cancellations

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

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

Date _____

Signature _____

Print your name _____

Revised 3/15/2020

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 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, are with the two of you together. I do not meet with either one of you separately. If one of you is late, we wait until you are both here. If one of you cannot attend an appointment, we reschedule for a time that works for both of you.

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. Many couples schedule follow-up meetings after their intensive 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 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 the 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 to compensate you for your inconvenience and your lost opportunity (because you also saved the time).

The only exceptions to this “two-weeks notice” policy are: concerns about Covid19, situations that require immediate medical attention, deaths in the family, and funerals. 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, babysitters who don't show up, airplane delays, 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 sometimes 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 can be 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. 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 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	\$6000
One-day session	\$3000

Half-day session	\$1500
90-minute session	\$750

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 that you may be partially reimbursed for my services. 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 are responsible for full payment of my fees – not your insurance company. Unfortunately, most insurance companies assume family therapy is done in 45 minutes and do not reimburse proportionately for longer sessions.

To submit claims to your insurance company, a clinical diagnosis is required. This information becomes 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 I respond to them, 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 \$500. 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 my confidential voicemail. I am the only person who listens to this 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. Then 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.

If you need to contact me between sessions, the best way to do so is by phone. 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.

Please do not use text messages or social networking sites to contact me. These sites are not confidential, 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 so that 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 being deceived by your therapist. I don't think that's a good arrangement.

For all these reasons, I don't keep secrets between the two of you. I need the freedom to use everything I know 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. I am your couples therapist, not your individual therapist.

In general, the law protects the confidentiality of all communications between clients and psychologist. To release information about your couples therapy, I need to have written releases from **both** of you. 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.
- 4.

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

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 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 1877-696-6775, 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 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 3/1/20
- 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