

Gerald W. Greenfield, Ph.D.

Licensed Psychologist

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Individual Psychotherapy
Marital and Couples Therapy
Evaluations

Understanding about Confidentiality

We understand and agree (i) that we are seeking Dr. Greenfield's services to try to resolve marital problems; and (ii) that we as a couple are the "client" of these services, so that confidentiality will not be waived, and no records will be released, unless we both provide our signed consent for any such release, unless Dr. Greenfield determines that WI State laws require otherwise, and/or if ordered to release such records by a judge.

Name (please print) _____

Signature: _____ Signature Date: _____

Name (please print) _____

Signature: _____ Signature Date: _____

Dr. Greenfield Signature: _____ Signature Date: _____