

**Gerald W. Greenfield, Ph.D.**

*Licensed Psychologist*

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Individual Psychotherapy  
Marital and Couples Therapy  
Evaluations

**Couples Understanding about Confidentiality**

We understand and agree (i) that we are seeking Dr. Greenfield's services to address and/or resolve marital or relationship issues or 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: \_\_\_\_\_