

# Lynn Fainsilber Katz, Ph.D.

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## ADULT/COUPLE OUTPATIENT SERVICES CONTRACT

(If you are seeking treatment as a couple, please have each partner fill out this form and the Adult History Information Form:)

<b>Name</b> _____	<b>M/F</b> _____	<b>Date</b> _____
<b>Birth Date:</b> _____	<b>Age:</b> _____	
<b>Address</b> _____	_____	_____
<b>Street</b>	<b>City</b>	<b>State Zip Code</b>
<b>Cell Phone</b> (____) _____	<b>Home Phone</b> (____) _____	
<b>Work Phone</b> (____) _____	<b>Email</b> _____	
<b>Occupation</b> _____	<b>Place of Employment</b> _____	
<b>Social Security #</b> _____	<b>Driver's License #</b> _____	

**Name of Spouse or Partner (if applicable)** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State Zip Code** \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**Occupation of Partner** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**How were you referred to Dr. Katz?** \_\_\_\_\_

## ***PSYCHOLOGICAL SERVICES PROVIDED***

Welcome to your first visit and congratulations on your decision to seek therapy. It is not easy for anyone to take a hard look at his/her life and decide to make important and potentially difficult life changes. Sometimes just deciding to make an appointment is an important first step. Therapy is not easy; it takes hard work and courage. I am committed to helping you work toward wellness, healthy growth, and change.

I view therapy as a collaborative experience between client and therapist to promote self-discovery, learning, and healing. The key to successful therapy is providing a safe place where you can explore your thoughts, feelings, and behaviors in a compassionate and non-judgmental atmosphere. Work is often accomplished through reflection and skill building in areas such as establishing clear communication, setting safe personal boundaries, and developing an action plans to address treatment issues. Subsequently, we can work on helping you to develop and practice healthier thought and behavior patterns and adaptive ways of coping. The first 2-3 sessions of your therapy will involve a comprehensive assessment of your needs and developing individually tailored treatment goals with you. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

## ***ABOUT DR. LYNN FAINSILBER KATZ***

I have been practicing as a psychologist in private practice and doing research for the past 28 years. I treat adults, couples, and families experiencing a wide range of psychological issues, working to maintain hope and determination in the face of what sometimes appear to be overwhelming problems. Areas of practice for which I treat adults and couples include anxiety, depression, parenting issues, divorce, trauma, grief/loss, abuse, as well as others. I practice a bio-psycho-social approach to treatment, drawing from current research-based theoretical frameworks which may include, but are not limited to: Cognitive Behavioral Theory, Acceptance and Commitment Therapy, Behavioral Therapy, Mindfulness Approaches, and Gottman Method Couples Therapy. I received my doctorate in Clinical Psychology from the University of Illinois at Urbana-Champaign in 1990, completed my internship at the University of Washington in 1992, and became professionally licensed in Washington State as a Psychologist in 1992. I am a member of the American Psychological Association and Society for Research in Child Development, and am a Certified Gottman Therapist with The Gottman Institute.

## ***GOTTMAN COUPLES THERAPY***

I work with couples to help partners connect more deeply and compassionately, manage conflict better, and honor everyday dreams. I believe each partner has a story that needs to be heard. I help couples build trust and security to “have each other’s back.” Common referral issues include intense fighting, affairs, separations, gridlocked problems, deep hurts, parenting struggles, financial difficulties, and feeling disconnected. I draw treatment strategies from the research-based Gottman Method. 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 or its agents have no responsibility for the services you receive.

## ***GOTTMAN MARATHON COUPLES THERAPY***

In addition to traditional weekly individual and couples therapy sessions, I provide Gottman Marathon Couples Therapy. Gottman Marathon Couples Therapy is a dynamic alternative to traditional

weekly sessions in Gottman Method Couples Therapy. It is a condensed and focused approach to marriage counseling that will provide you with the time you need to address specific issues and get your relationship back on track quickly. In this powerful therapy format, you'll meet with me for three consecutive days (approximately 15-16 hours). You will have time to talk in depth about the struggles and challenges of the relationship that simply cannot happen in the tradition style of couples therapy. There is time to process past injuries that have never healed, and time to understand how these injuries have impacted the relationship. There is time to learn and practice new communication skills to help you have more productive conversations. Gottman Marathon Couples Therapy is a good fit for couples who want intensive therapy but don't live in the vicinity of a Certified Gottman Therapist, for couples whose schedules do not allow for them to go to weekly therapy sessions, and for couples who need to get help immediately.

It is important, however, that you also understand the risks involved. Despite the "nuts and bolts" approach of this method, the Marathon Couples Therapy format may move you more quickly and intensely into the areas of difficulty to be addressed. Therefore, you and/or your partner may experience uncomfortable feelings like sadness, guilt, anxiety, anger, loneliness, and helplessness. Your therapy may also involve recalling unpleasant aspects of your history together and/or individually.

### **FINANCIAL INFORMATION**

This Adult / Couple Outpatient Services Contract contains important information about my professional services and business policies. When you sign this document, it will also represent a legally binding client-therapist agreement contract. You may revoke this Agreement in writing at any time. That revocation will be binding but you will still be responsible for any financial obligations that you have incurred.

**FEES:** The charge for individual therapy is \$250.00 for a 50-minute session. Fees for couples therapy are: \$250 for a 50-minute session (assessment and therapy); \$325 for a 75-minute session (therapy); \$450 for a 90-minute session (therapy); and \$500 for a 100-minute session (assessment and therapy). Fees for Gottman Marathon Couples Therapy is \$6000. You are responsible for billing insurance. I will provide an appropriate billing statement should you wish to bill your insurance plan or third-party payer for weekly sessions. Fees will be charged and pro-rated hourly for emergency calls and consultations, phone calls, travel expenses, reports and consultations with attorneys, doctors, and other professionals. Psychological testing fees vary according to the time and materials needed.

**PAYMENT:** Fees for service are due at the time the service is provided. Full payment is expected with your first session and every session thereafter. I accept cash or checks. I do not accept credit cards. Please be sure to make all checks and money orders payable to Dr. Lynn Fainsilber Katz. Checks returned by your bank for non-sufficient funds will result in a \$30 NSF check fee. If no payment has been made on accounts over 90 days, the account will be sent out of the office for further collection. This will require that otherwise confidential information be disclosed to the collection agency, such as name and address, billing information, the nature of services provided, and the amount due.

**MISSED OR CANCELLED APPOINTMENTS:** My office requires 24 hours advance notice to cancel an appointment without charge. My confidential voicemail is available to take your message, seven days a week, twenty-four hours a day. Your account will be charged the full fee for a missed appointment or an appointment cancelled without the required advance notice. Please note that the full charge is your responsibility; should you choose to bill insurance, insurance carriers will not cover any portion of this charge.

## **EMERGENCIES**

In case of an emergency, don't hesitate to call 911. If you need to speak with me, please call my voicemail at **(206) 663-5000** and leave a message. I will attempt to call back as soon as possible. If you need immediate assistance, or in case I am out of town and I do not call back within four hours, please call 911 or the King County Crisis Line at **(206) 461-3222**. You can also go to the nearest Emergency Room at your local hospital.

## **LIMITS OF CONFIDENTIALITY**

Contents of all therapy sessions, both verbal information and written records, are considered to be confidential. The law protects the privacy of all communications between a patient and a psychologist. However, there are some extenuating circumstances in which confidential information may be required to be released, according to state or federal law or as a mandated reporter. Noted exceptions are as follows and outlined in the "*Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information*" form on my website: Abuse of Children and Vulnerable Adults, Prenatal Exposure to Controlled Substances, Professional Duty to Warn and Protect if a plan has been disclosed to harm oneself or another person, Releasing Minor's Records to Parents, Responding to a subpoena or court proceedings, Worker's Compensation Claims, lawsuits or complaints against a therapist, disclosure to other health care providers, and Collections.

## **PATIENT RIGHTS**

Please reference and print out the pamphlet located on my website - "*Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information*." Among many patient rights listed in that pamphlet, the following are important:

- You have the right and responsibility to be informed about your treatment; it is appropriate to raise questions about your therapist's training, his/her therapeutic approach and your progress.
- You have a right and responsibility to choose a treatment provider who best suits your needs.
- You have the right to request a change of therapy, referral to another therapist or to discontinue therapy;

The licensing board exists to ensure the public that a psychologist is competent and ethical. Complaints regarding professional and/or ethical issues can be made by contacting the Department of Health, Examining Board of Psychology, PO Box 47869, Olympia, WA 98504-7869, telephone, (360) 236-4910.

## **INFORMED CONSENT FOR TREATMENT and Agreement of terms**

I hereby give my informed consent for psychological treatment services to be provided by Dr. Lynn Fainsilber Katz to myself, my marriage and my family. I have carefully read and reviewed copies of both documents listed below and agree to abide by the terms and provisions delineated therein. I give my full informed consent to receive assessment and/or treatment services from Dr. Katz. A photocopy of this form and signature shall be considered as valid as the original.

To let me know you have reviewed documents I have provided, please check the boxes below and sign this form.

- I have read the pamphlet, “Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information”, and agree to the terms within.
- I have read and reviewed this document, “Adult/Couple Outpatient Services Contract” and agree to the terms within.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other legally authorized representative if applicable:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to adult if signed on behalf of the client**