

Creating Change Psychological Services, PLLC Dr. Eugena K. Griffin

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Licensed Clinical Psychologist

State of New York (No. 018917)

PSYCHOTHERAPY SERVICE AGREEMENT

This agreement is written to state the terms of the psychological services provided, fees, and responsibility of psychological service provider, Dr. Eugena K. Griffin. You have requested a Psychological Evaluation to access and qualify alleged symptoms with the intent of receiving treatment in the form of Individual/Couples/Family Psychotherapy. Thus, the following services will be executed on

_____ (today's date):

Structured Clinical Interview

Mini-Mental Status Exam

Assessment of Appropriateness for Psychotherapy

Upon completion of the initial evaluation (approximately 1-2 hours), a decision will be made regarding the appropriateness for Individual Psychotherapy. Based on the information gathered above, a treatment plan will be devised with the client's input. Such will include meeting time, duration, and short-term & long-term goals.

Confidentiality

Please note information discussed in evaluation and/or psychotherapy sessions remain confidential and will not be shared with guardian(s) and/or any other persons. Information discussed within session is only disclosed if client presents as a threat to self or others and/or if evidence of child abuse/neglect is exhibited. Additionally, at anytime the client's presenting concerns develop beyond the scope of what the provider can treat, a referral to another

Client's Contact Information:

Street	City	State	Postal Code
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Telephone	Email
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NATIONAL CRISIS HOTLINES

1-877-YOUTHLINE (1-877-968-8454) Youth America Hotline- Counseling for Teens by TeensNetwork	1-800-SUICIDE (1-800-784-2433) National Hotline	1-800-273-TALK (1-800-273-8255) National Suicide Prevention Lifeline
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