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

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www.tx4creatingchange.com

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

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 regarding the appropriateness for Individual Psychotherap above, a treatment plan will be devised with the client's in	py. Based on the information gathered	

### **Confidentiality**

duration, and short-term & long-term goals.

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

provider/agency will be made that can best meet the client's needs. Once referral and/or termination of therapeutic relationship is made, provider no longer assumed responsibility for continuing treatment.

(Client/Guardian	Signature)

Fee for services, including evaluation and individual therapy sessions are:

# \$135 per 45-50 minutes for Individual Psychotherapy \$80 per 30 minutes for Individual Psychotherapy for Youth \$175 per 50 minutes for Couples/Family Psychotherapy

#### \$150 for the initial evaluation

# Payment in debit, PayPal, or credit card

Patient is in agreement to pay out of pocket, rather than find provider within the insurance network.

## Also, a patient agrees to pay \$35 when he or she:

Intends to reschedule an appointment but fails to contact provider at least 24 hours

before the appointment, or needs to cancel within 24 hours of set appointment.

Arrives more than 20 minutes late for an appointment.

Fails to report for an appointment for any reason.

Client/Legal Guardian:

# I acknowledge and agree to the Psychological Service Agreement noted on pages 1 & 2:

21011. 218 2011. 31		
Printed Name & Date	Signature	
Client/Legal Guardian:		
Printed Name & Date	Signature	

# Client's Contact Information: City Street State Postal Code Telephone Email NATIONAL CRISIS HOTLINES 1-877-YOUTHLINE 1-800-SUICIDE 1-800-273-TALK (1-877-968-8454) (1-800-784-2433) (1-800-273-8255) Youth America Hotline-National Hotline National Suicide Counseling for Teens by TeensNetwork Prevention Lifeline