

Jennifer S. Grellman, MS, LMFT

Licensed Marriage and Family Therapist #52905
Adolescent and Family Psychotherapy
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PSYCHOTHERAPY SERVICES AND AGREEMENT

This document contains important information about Jennifer Grellman's professional services and business policies. Please read it carefully and ask any questions that arise. When you sign this document, your signature confirms that you and Ms. Grellman have committed to honoring these policies.

PSYCHOTHERAPY SERVICES: Adolescent Psychotherapy, Family Therapy and Parent Consultation vary depending on the particular problems you (your child) bring(s) as a client and the orientation and approach of the professional. It is important that you select a professional that fits your (your child's) style and goals. If you (your child) have (has) questions about our work together, you (your child) should discuss them with me whenever they arise. We will work together to build trust and establish the priorities of treatment. There is a small risk that your child's condition may appear to worsen at times due to these services. For example, therapy can bring strong feelings such as anger, frustration, sadness, or anxiety to the surface. The results of these psychotherapy services cannot be guaranteed.

ASSESSMENT AND TREATMENT: The initial session(s) will involve an assessment of your child's needs. This evaluation period may take a few sessions. By the end of the initial evaluation, Ms. Grellman will be able to offer you some first impressions of what the psychotherapy services will include and a general treatment plan. Her estimate of the duration of psychotherapy services is only an estimate and no guarantees can be made as to the length of time required.

ALTERNATIVE TREATMENTS: Ms. Grellman may provide referrals for alternative treatments and medications as necessary.

TRAINING AND EXPERIENCE: Jennifer Grellman is an LMFT licensed to practice in California. She graduated from Dominican University with an MS in Counseling Psychology in 2010. She has over 10 years of experience working with adolescents and families in her practice and other settings. Ms. Grellman has additional certifications in the treatment of eating disorders and substance abuse obtained at Stanford University and John F. Kennedy University. Jennifer is also certified in the use of EMDR (Eye Movement Desensitization and Reprocessing). In September of 2010 she founded the non-profit organization, *Being Adept*, a service for families and students in middle schools to prevent substance abuse among adolescents. Being Adept findings were presented at the Annual Meeting of the Research Society for Alcoholism in San Francisco in June of 2012, in conjunction with UCSF.

CONFIDENTIALITY: The confidentiality of communications between a client and therapist is important and, in general, is legally protected. All information disclosed within a session, including that of a minor, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Disclosure may be required by law, as in the following circumstances:

- When, in the therapist's judgment, the client is in danger of harming him/herself or the client is unable to care of him/herself;
- When there is suspected abuse or neglect of a child, older adult (65 or older), or dependent adult;
- If the client communicates to the therapist a serious threat of violence against another person. If this occurs, the therapist is required by law to inform the potential victims and legal authorities;

- If the therapist is ordered by a court to release information as part of a legal proceeding;
- If the client dies, a legal guardian or estate representative has the right to that client's records.

CONSULTATION: Ms. Grellman may wish to consult with other professionals about treatment planning for your (your child's) case. Your signature below gives her permission to use information about you (your child) and/or your (your child's) psychotherapy services provided she takes responsible efforts to protect your (your child's) identity. For detailed consultations about you (your child) and treatment, she will first discuss it with you, but she will need to obtain your permission via signature on her Release of Information form in order to proceed.

ENDING THERAPY: You may end psychotherapy services at any time. A final session is strongly recommended for closure of our work together.

I have read and understand this Psychotherapy Services and Agreement form and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement. I consent (and/or authorize my child) to participate in evaluation and/or treatment with Jennifer Grellman.

Initials: _____

Name of patient/client (please print): _____

Name of parent/guardian, if applicable (please print): _____

Address: _____

Phone Numbers: _____

Signature of patient/client/parent/guardian: _____

Date: _____