

## **Laili McGrew, LCSW**

#LCS16858

423 F Street, Suite 201

Davis, CA 95616

(530) 564-8680

### **Office Policies and Consent for Treatment**

Welcome. Starting therapy may be a new experience for you. This document explains important information regarding my office policies as well as your rights and responsibilities during our work together. Please read it carefully and feel free to ask for clarification if needed.

**Appointments and Availability:** Sessions are typically 45-50 minutes, and by appointment only. Clients are generally seen weekly, however, this may vary depending upon need. I am available and check messages during normal business hours, unless I am on vacation. You may contact me at 530-564-8680 or at [lailimcgrewlcsw@gmail.com](mailto:lailimcgrewlcsw@gmail.com). My voicemail is confidential, however, email may not be secure so please do not send any confidential information via email.

**Cancellations and Missed Appointments:** If you need to cancel an appointment, please do so as soon as possible as there may be another client waiting for an appointment who can use the time. If you cancel your appointment less than 24 hours in advance, or do not show up for your scheduled appointment, you are responsible for paying the full fee, as insurance will not pay for missed appointments. If you are more than 10 minutes late for your appointment, and do not notify me in advance that you will be late, I may not be available to see you.

**Emergencies:** If you experience an emergency and are unable to reach me, please call 911, go to the local emergency room or contact the Davis crisis line at 756-5000. If there is an emergency during our work together when I am concerned about your personal safety or the possibility of you injuring someone else, I will do whatever I can, within the limits of the law, to protect your safety and the safety of others. In case of an emergency, I may contact the person whose name you have provided on the intake form.

**Fees:** If your treatment is covered by insurance, your co-pay is payable at the end of each session, unless we make other arrangements. If you are paying privately, the fee is \$120 for a 50-minute session, payable at the end of the session. Sessions longer than 50 minutes and services outside of scheduled appointments (telephone conversations, email, report writing and reading, school meetings etc.) will be billed at the same rate on a prorated basis and are not covered by insurance. You are responsible for any bank fees as a result of a bounced check.

**Insurance/Confidentiality of Records:** If I am a provider under your plan, I will bill your insurance for the provided service. You will be responsible for the co-

payment each session. It is your responsibility to notify me if there are any coverage changes with your insurance plan. You are financially responsible to me for all charges, including any unpaid charges by your insurance company or any third party payor. Disclosure of confidential information may be required by your health insurance carrier in order to process claims. Only the minimum necessary information will be provided to the carrier. Unless authorized by you explicitly, psychotherapy notes will NOT be disclosed to your insurance carrier.

**Confidentiality:** What we discuss in therapy is private and confidential, and in most circumstances, I will not release information without your prior written consent. If we agree that consultation with others (health care providers, family members, teachers etc.) may be beneficial to your therapy, I will ask you to sign a written Authorization to Exchange/Release Information. At times, I may seek professional consultation to discuss your case in order to provide the best possible treatment. In this case, I would NOT use your name or any identifying information in order to protect your privacy. In this case, I would not ask you to sign a release. As a licensed mental health provider, I am required by law to contact the appropriate authorities, but am not required to alert you in the following situations:

- If there is suspected abuse or neglect of a child, elderly or disabled person
- If you threaten serious bodily harm to another person
- If you are at risk for harming yourself or are unable to care for yourself
- If I am ordered by a court to release information

If it is clinically appropriate, I will make every effort to discuss the situation with you prior to breaking confidentiality

**Risks and Benefits of Therapy:** I believe that coming to therapy takes courage and strength. Some clients find that as they work in therapy, they may feel worse before they feel better. Talking about unpleasant situations, thoughts and feelings may cause your symptoms to get worse before they improve. No specific outcomes are guaranteed and some clients find that therapy results in unexpected changes. While there may be some risks to therapy, there can be many benefits. Clients usually find comfort in having a safe, neutral place to share thoughts and experiences they are not able to share elsewhere. Therapy can help people gain insight about why they have made certain choices in their lives as well as what they would like to change. It is an opportunity to explore values and goals, develop new coping strategies and solve problems. Therapy can improve your life and your relationships.

**The Therapeutic Process:** Therapy takes trust and honesty. In order to get the most out of it, I encourage you to be actively involved. I ask that you share concerns, identify the changes you would like to make in your life and follow through with challenges I may suggest. You have the right to ask me questions regarding my assessment or treatment at any time. If I feel that I am not qualified or able to help you, we will discuss this and I will provide you with a referral to another qualified provider. Throughout the therapy, we will discuss your progress and when it feels like an appropriate time for termination. If you have concerns about your progress,

I encourage you to discuss this with me. You have the right to terminate therapy at any time, however, I believe it can be damaging to end therapy abruptly.

**Family Therapy:** If I am seeing your family for therapy, I reserve the right to use my own clinical judgment in disclosing information family members may choose to share with me individually. I will first give the individual the opportunity to make the disclosure himself or herself. I will clarify my no secrets policy in the initial session.

**Child Custody/Litigation:** I am not a child custody evaluator, therefore, I can not make recommendations or conclusions to the court regarding custody. Due to the fact that court appearances often involve making a full disclosure of confidential information, it is agreed that should there be legal proceedings (such as, but not limited to divorce, custody disputes, lawsuits etc.), neither you, nor your attorney or anyone acting on your behalf will call on me to testify in court or to release any psychotherapy records.

**Minors In Therapy:** For people under the age of eighteen, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and to see your records. In order to ensure a safe environment in therapy, I ask that parents understand that I will not share specific information discussed in therapy, but will share general updates and concerns as they are helpful to the therapeutic process. I will always try my best to inform and involve the minor about how this information will be shared. I will involve the parents or guardians if I believe there is a risk of serious harm to the minor or to others.

**Records:** I maintain confidential clinical records including your therapy goals, progress in treatment, notes on each session and dates and fees for sessions. These records are only released with your written consent, except under the legal exceptions described above. You are entitled to receive a copy or summary of your records and the request must be in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of a copy of the actual records, if I believe that seeing your complete record would be emotionally damaging to you. You will be charged the prorated portion of my hourly rate for the time I spend reviewing and preparing the requested information.

**Ethical Standards:** Davis is a small town and we may encounter one another in the community. I will never acknowledge that we have worked together in therapy, without your written consent. I do not discriminate on the basis of race, gender, religion, national origin, age, sexual orientation or socioeconomic status. I am licensed through the Board of Behavioral Sciences.

By signing below, you acknowledge that you have read and understood the office policies of Laili McGrew, LCSW and have had any questions answered to your satisfaction.

**Consent for an Adult:**

\_\_\_\_\_  
Print name of client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laili McGrew, LCSW

\_\_\_\_\_  
Date

**Consent to Treat a Minor:**

I, \_\_\_\_\_, as the parent/legal guardian  
of minor \_\_\_\_\_ (DOB: \_\_\_\_\_)

give permission to Laili McGrew, LCSW to provide treatment, which may include individual and/or family therapy for the minor. I also understand that I will be informed of the child's progress or of any safety issues that arise during treatment.

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laili McGrew, LCSW

\_\_\_\_\_  
Date