



Office Policy Statement

Introduction

I am a licensed clinical social worker, licensed by the State of California Board of Behavioral Sciences, LCSW - #27443. I hold a Masters Degree in Social Work from Boston University.

Communication

My business phone number is (650) 575-9262. Even if you think I already have your phone number, please leave both your name and number as part of your message. For non-urgent matters, I will get back to you as soon as possible, usually within 24 hours during the week and less frequently on weekends. There is no charge for brief telephone calls, but for calls lasting longer than ten minutes you may be billed proportionally to the hourly rate.

Email will only be used for scheduling and not for personal counseling. Email has significant limitations and confidentiality cannot be guaranteed.

Availability

I am not available for emergencies. If you think that you are having a psychiatric emergency, or need to speak to a mental health professional immediately, call the San Mateo County Crisis Hotline at (650) 579-0350, dial 911 and/or go to your nearest emergency room.

Appointments

The length of a therapy session is 50 minutes. Please arrive on time, as sessions cannot be extended if you arrive late.

Fees/Insurance

My fee is \$185 per hour. Cash, checks, and credit cards are accepted. Payment is required at the time of service. Insurance claims and reimbursements are your responsibility. Many insurance plans will cover between 50% and 80% of mental health services if you seek reimbursement. Contact a representative of your insurance plan to find out about your mental health benefits. I will provide a receipt containing the information that insurance companies typically require for filing claims.

48 hour notice (two business days) is required to change or cancel a therapy appointment. You will be charged the \$185 hourly therapy rate for the missed appointment or late cancellation. Insurance does not cover missed appointments.

Confidentiality

Unless you give explicit written authorization for release of information, your treatment is strictly confidential with exceptions which are mandated by law, including, but not limited to: cases of suspected child abuse or neglect, suspected elder abuse (65) or dependent adult abuse, if you pose an imminent danger to yourself or others, if you are unable to take care of yourself due to mental illness or under certain court-ordered circumstances.

Litigation

I will not voluntarily participate in any litigation or custody dispute. I will not communicate with a client's attorney and will not write or sign letters, affidavits or reports to be used in a client's legal matters. I will not provide testimony or client records unless compelled to do so. Should I be subpoenaed to appear as a witness in an action involving a client, the client agrees to reimburse me for all time spent for preparation, travel, court appearances, etc. at the hourly rate of \$350.

I understand and consent to these office policies.

Client's Signature

Date

Parent's or Guardian's signature if client is a minor

Date

Laura Macfarlane, LCSW

Date