
State of Washington Required Disclosure Statement

Priya Raghav, LICSW

State of Washington Licensed Clinical Social Worker, #LW60409142

This disclosure statement provides information about the treatment provider and the treatment offered, to assist you in choosing the treatment and the provider best suited to your needs. As required under Washington law, therapists practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration or licensure of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. It is every client's right to refuse or discontinue treatment at any time. It is the responsibility of clients to choose the provider and treatment modality which best suits their needs and purposes.

My Approach to Treatment

I believe that children are like seeds – they have what it takes to grow and bloom. What they need are nurturing caregivers and a conducive environment to provide the necessary conditions for optimum growth. And yet, life happens and children struggle emotionally, socially or/and academically for valid reasons. Sometimes their resilience helps them heal quickly, and other times, they may benefit from some help. As a child therapist, I offer that help for them to heal. It is my goal for children to heal from distress, build resiliency and thrive amidst adversity; in other words, enjoy life to the fullest. I facilitate this healing through a modality called 'play therapy' where a child subconsciously expresses and processes their thoughts, emotions and experiences through play, which is their primary language and way of communication. In play therapy, toys becomes the child's words and play becomes the child's language, to help children therapeutically work through emotional, behavioral and cognitive difficulties and to develop strengths to manage their world.

As part of my work with children, I offer parenting consultation to parents and guardians raising children as an important part of the process of healing for children. Being a parent myself, I have much appreciation for the joys and trials of parenthood. Parenting is truly the most difficult job in the world and yet easily the most rewarding when we see our children thrive. It is very common and understandable to feel the need for support when parenting gets challenging. I approach parenting support work by offering a nonjudgmental and empathic listening ear to fully appreciate parents' strengths and struggles in raising their children. I honor and leverage these strengths to offer concrete suggestions for further strengthening the parenting relationship and family unit.

My Education, Training and Experience

I received my Master's Degree in Social Work from the University of Washington in 2009. Through my degree, I focused my internships on working in various agency settings serving survivors of trauma, specifically domestic and institutional violence. Since then, I have served the community in various roles such as a domestic violence advocate advocating for the rights and self-determination of DV survivors and their families, a housing case manager providing families access to a transitional housing program and supporting them with related goals towards achieving self-sufficiency, and as a Child and Family Therapist working with children and families in need within a very racially and socioeconomically diverse school district. These experiences have shaped my holistic appreciation of multiple factors (such as individual, familial, environmental and systemic) that impact one's quality of life and the community and systemic support available to them. In addition to work experiences, I also draw on my personal experiences of being a woman of color, an immigrant, and a parent in this country. I also bring an attunement to the impact of systemic oppression, such as racism and sexism on individuals, families and communities.

I have extensive specialized training in play therapy with children, along with equal experience providing parenting support to caregivers of children. I have almost met the rigorous expectations of the national Association for Play Therapy for the credential of 'Registered Play Therapist'. I have training in a modality of parent education and support called 'Child-Parent Relationship Therapy. I am passionate about supporting children and families and consider it an honor to be able to do this work.

Educational and Professional Qualifications

Master's in Social Work, University of Washington, Seattle WA (MSW, 2009)

Child Mental Health Specialist (CMHS, 2013)

Licensed Independent Clinical Social Worker (LICSW, 2014)

Certificate Program in Music Therapy, Chennai School of Music Therapy, India (CPMT, 2015)

Professional Affiliations

Member, Washington State Society for Clinical Social Workers (WSSCSW, 2009)

Member, Assoc. for Play Therapy (APT, 2013)

Please read the following carefully so you will understand my policies and procedures.

Appointments

I provide a free 20 minute phone consult for us to assess if I am the best person to provide the services you need in order to meet your treatment goals. If we decide to proceed, I would set up a first assessment session only with the parents of the child in concern. During this time, I will learn more about your child and family, the presenting concerns and your treatment goals. We will also establish a treatment plan together. Appointments are typically 45-55 minutes once a week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled you will be charged for the full session unless you cancel **24 hours** in advance of the appointment. See section on financial agreement for more information on fee, payment and cancellations. **Please note: insurance does not pay for missed appointments.**

Working Relationship

We will discuss the expected duration and frequency of sessions based on your counseling goals, insurance allowance and/or financial abilities at our first session. We will have frequent conversations about your needed session frequency and duration as our relationship progresses. If you should decide to discontinue counseling, or do not schedule additional sessions, after a period of one month I will assume you would like to discontinue this episode of care and close your file in an effort to open availability for new clients. You are always welcome to return should your needs change. If we decide I am not the best person to provide you counseling, then I will provide you, upon request, a list of other counselors in the community that offer promise of a better fit.

Contact / Emergency

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a confidential answering machine that I monitor frequently. I will make every effort to return your call within 1-2 business days. When not in session, if you are experiencing a crisis, please contact the King County Crisis Clinic at 1-866-427-4747. If your emergency is life threatening, please go the nearest emergency room or call 911. If I am unavailable for an extended period of time I will provide you with the name of a colleague to contact, if necessary. Finally, you authorize me to call your emergency contact listed on your intake paperwork should such a need arise.

Risk and Benefits

The process of counseling entails both risks and benefits. Since therapy often involves discussing troubling aspects in your life, you or the child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Some see positive changes right away; others say that it may get worse before it gets better. It is normal for intense emotions to arise within the therapeutic relationship. Further, because of the nature of Play Therapy, it is possible that your child may get physically hurt, though I make every effort to avoid this, and have a first aid kit on the premises. In this circumstance I will let you know in person at the end of the session and document it for my records.

Diagnosis

An official diagnosis is not necessary for therapy to be successful. However, if you choose to pay through your insurance, an official diagnosis for the identified client (parent or child) is required for reimbursement, while if you are a private-pay client, you may choose to receive one. When the identified client is the child, while the first intake appointment with parents helps to provide some necessary information needed for diagnosis formulation, I am unable to confirm a diagnosis until I see the child over the subsequent 3-4 sessions. Hence I typically provide the first superbill for insurance reimbursement approximately 4 sessions from the date of intake. If it is difficult for you to wait this duration for reimbursement, please let me know. It is important to me to discuss the diagnosis determined at the first parent consultation and to answer any questions you may have about it.

Parent involvement

Parent involvement in the therapeutic process of their child is crucial to their child and family's treatment success. It is my policy to obtain consent from both parents before a child will be seen in therapy and it is strongly preferred that all parents/caregivers of the child be present at the first assessment appointment. Subsequently, parent consultation sessions with all parents are strongly encouraged every 4-5 weeks, or as clinically indicated.

Separated/divorced parents

Both parents of families with residential schedules (shared custody, parenting plans etc.), are invited to participate in the child's treatment. For all children under the age of 13, both parents must consent to treatment. Both parents have a right to know how often the child will be seen for therapy, unless there is a legitimate safety concern or as restricted by the court. All court related documents and parenting plans must be submitted before the first child session, and any updated documents must be submitted as they become available through the course of therapy.

Confidentiality

No information about you can be released by me to anyone without your written permission, except as required by law.

Legal exceptions

I am required by law to report suspected child abuse or neglect (regardless of when it occurred), elder abuse, and clear and concrete evidence of planned acts of violence. Specifically, 1. If I believe that a child, elderly person or disabled person is being abused, I must file a report with the appropriate state agency. 2. If I believe that a client is threatening serious bodily harm to another, I am required to take protective action. These actions may include notifying potential victims, contacting the police, or seeking hospitalization for the client. 3. If that client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or contact family members or others who can provide protection. 4. If I receive a court order/subpoena signed by a judge (for example in a child custody situation, or when your emotional condition is important to the case) I am mandated to abide by it for either your/your child's written case file and/or my testimony. You will be informed of the subpoena, but even in the event that you oppose the disclosure, your information may still be disclosed as the law mandates. If you anticipate this as a possibility during the course of our work together, I invite you to share this with me in our first intake meeting. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

Children

In order to keep the treatment child-focused, and to reinforce the sole purpose of child therapy (to provide a safe place for the child to work through feelings). I strongly believe that therapy will be most successful when a child is awarded the privacy they deserve to be able to express themselves within a safe and trusting relationship, which is key to better emotional health. For this reason, I will not disclose details from every child session with either parent (with the limits and exceptions of confidentiality listed earlier) and instead, strongly advise parents to use parent consultation sessions with me to discuss overall treatment progress with their child.

Insurance

You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with any report I submit at your request.

Payment Collection

If there is a payment balance that is left outstanding for more than 3 months, payment will be turned over to collections and I will need to provide the collections company with your name and contact information.

Beyond the therapy hour

1. For best practices, I may consult with supervisors and colleagues about your case. In these instances, your personal and identifying information will be kept confidential. Colleagues are under the same confidentiality requirements, and any case information that is shared will be treated as confidential. 2. I do live and work in the area, so it is possible I may see you outside of the office in the public arena. In those cases, to protect your confidentiality, I will not address you, unless you address me. In order to maintain the therapeutic boundaries, I will not discuss therapeutic content with you outside of the therapy room. 3. Maintaining therapeutic boundaries is held at the upmost professional standards. This means, I will not have a social or professional relationship with clients or parents of child clients outside of our therapeutic time together. This includes contact on social networking sites like Facebook and LinkedIn. My professional ethics also bar me from performing online searches on my clients on the world wide web and clicking on personal URLs that may be listed on their email signatures.

Client Rights

As a consumer of psychotherapy, it is important for you to have a general understanding of your rights under the laws of the State of Washington and to know the background of your counselor. You have the right and responsibility to choose a treatment provider and a treatment modality. You have the right to refuse consent and the right to withdraw your voluntary consent to services. All certified therapists are regulated by both federal and state laws, and a comprehensive code of ethics in order to assure best practices and confidentiality. Records are kept of the health care services provided to you. You have the right to submit a written request to review and/or have a copy of those records. If I believe that it will be emotionally damaging to you or to your child to receive the records directly, I will provide them to another mental health professional of your choice. I strongly prefer to provide a treatment summary rather than copies of your records. Your records will not be disclosed to others unless you (via a signed written release of information) or the law (via subpoena) authorizes it. Medical records are kept secure as required by the Health Insurance Portability and Accountability Act (HIPAA), the federal law protecting your health information. As per law, your service records will be maintained for **five (5)** years after last date of contact. See Notice of Privacy Policy for more information.

Financial policy

Fee

My fee for the first diagnostic assessment appointment is \$170. My hourly fee for subsequent appointments is \$120. I reserve the right to change my fees in which case you will be notified. If you would like to request my financial hardship rate based on low income and being uninsured, please discuss this with me. Payment for other professional services, report writing, telephone conversations (including after-hours crisis calls) lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries or time spent performing any other service you may request of me will be billed at my hourly rate. Any time spent testifying in court will be charged at \$300/hour including travel time and parking fee.

Method of payment

We will discuss and determine your method of payment at our free phone consult. At this time I accept private payment and insurance. You may make private payment by cash or check. If a check is returned because of insufficient funds, you will be charged the actual cost for handling. I am also a preferred provider with Premera Blue Cross and Lifewise, while other insurances may cover a part of my cost of services. Please see my website at www.play-it-out.com for helpful questions to ask your insurance provider to help you decide your method of payment. If you decide to use an insurance on which I am a preferred provider, **I will bill your insurance company directly**. If I am not in-network with your insurance company, you will be responsible for any difference between what I charge and what your insurance company pays for the service. In such a case, you will also receive a bill at the end of each session which you can submit to your health insurance company for reimbursement.

Payment

Payment is due at the time of service, unless we agree otherwise or unless you have insurance coverage which requires other arrangements. Co-pays are expected at the time of service. Unpaid services may be turned over to collections. Any attorney fees or costs resulting from my collection efforts will be an additional charge to my balance owing.

Cancellation/ Attendance/ Sickness

I have a **24-hour cancellation policy**. Appointments cancelled with 24 hours notice will not be charged. Because your spot is reserved for you, if an appointment is cancelled within 24 hours of scheduled appointment, you will be charged for the full fee of the session unless I am able to fill it with another client, or if you are able to reschedule this session within 10 days of the cancelled appointment. This fee may be waived in the event of a serious emergency or unsafe circumstances.

If you arrive more than 10 minutes late for your appointment and if you are an insurance-client, your appointment cannot be charged to insurance, and you will be responsible for the payment of the full session at my standard rate of \$120 per 50 minutes.

In order to protect the health and safety of clients and to prevent the spread of disease, please keep your child home if he/she is sick, has fever, lice, or scabies or any other ailment that is contagious. Otherwise, regular attendance is essential to the therapeutic process. If there is a pattern of cancelled appointments (with 24-hours notice or not), I may be unable to continue to provide services for your child, in order to make room for clients committed to the therapeutic process. Should this issue arise, I will discuss this with you.

Legal involvement policy

In order to avoid dual relationships and conflicts of interest, I will provide you or your child with clinical/therapeutic services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise you or your child's ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption home studies or provide evaluations of parental fitness to adoption agencies or State entities.

By signing the Informed consent page at the end of this document, you agree:

- That my role is limited to providing treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;
- That you will not ask for my participation or recommendations in an adoption home study or dependency hearing;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which **will not include recommendations concerning custody, custody arrangements, or visitation as that is NOT within the scope of my practice**.
- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$300 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Grievance

If you have any concerns or complaint about my work, please bring it to my attention, as many of the conflicts that arise in therapy can be resolved through honest discussion. If the issue is not resolved to your satisfaction, it is within your rights to make a complaint to the Department of Health, Professional Licensing Services, 1300 Quince Street, P.O. Box 477869, Olympia, WA 98504, (360) 664-4375.

Informed Consent Signatures

I, the undersigned, certify that I have read and understand Priya Raghav’s Disclosure statement, and my rights and responsibilities as outlined in this agreement. I certify that I have received a copy of the Notice of Privacy Practices, as placed on my website, www.play-it-out.com/Forms. I certify that the information provided for purposes of therapy is accurate and complete to the best of my knowledge. I understand my obligations under this agreement, and fully agree to pay for my service at my established rate. I understand that if I leave therapy with an unpaid balance, Play It Out! will make every effort to collect these debts. **I hereby request and consent to treatment by Priya Raghav, even if only for the first intake session. If I decide to continue a working relationship beyond the first appointment, I will indicate this below, and participate in the development of a treatment plan that best addresses my needs or situation.** I consent to Priya Raghav’s Legal Involvement Policy and will take appropriate mitigating measures in anticipation of her involvement in court related matters. I understand that nothing in this Service Agreement shall be interpreted to limit or modify my rights and obligations under the State required Disclosure Form or my Notice of Privacy Practices.

Child Consent

- I/We the undersigned parents (or legal guardians) of _____, do hereby request and consent to the treatment of our child by Priya Raghav of *Play it Out!*. We will participate in the development of a treatment plan that best addresses his/her needs or situation.
- I/We are not yet consenting to the treatment of our child by Priya Raghav of *Play it Out!*

Signature of client (or personal representative*) Date

Signature of client (or personal representative*) Date

*Personal Representative’s Name and Relationship to Client: _____

Signature of Therapist Date

This form will be retained in your medical record.