

Disclosure for Joan McGinnis, MSW, & Aging Well LLC

There are no Washington State laws that are specific to care management and care consultation, but I am subject to statutes as a licensed social worker. Please read this disclosure and our Services Agreement, and ask any questions that you may have regarding my services and your rights relevant to my services. Please sign in front of me.

Education & Licenses

I am licensed in the State of Washington as a *Licensed Independent Clinical Social Worker*, LW00005500, a *Member of the National Association of Social Workers (NASW)*, with a *Specialty Certification as Advanced Social Work Case Manager (C-ASWCM)* and an *Aging Life Care Advanced Professional*. I am recognized in the State of Washington as a *Geriatric Mental Health Specialist*, and as qualified supervisor for social workers. I have a Masters in Social Work (MSW) from the University of California, Berkeley. My clinical background includes over 30 years working with elders. Prior to that, I worked in the mental health system.

My practice is limited to care consultation and care management, for elders, the disabled, and their families. The goal of my services is, within the constraints of the client's current level of health, financial resources, and family support, to ***maximize the quality of life for the client.***

Confidentiality

In the State of Washington, services provided by licensed social workers are subject to the confidentiality requirements under health-care laws. Hence, all consultation sessions and records of these sessions are confidential. The exceptions to the right of confidentiality, where the licensed social worker is required by law to disclose information are the following: (1) where abuse is suspected, and (2) where, because of mental illness, the client may be an imminent danger to him or herself, or an imminent danger to others.

Communication

In regards to confidentiality, communication via e-mail is inherently insecure. While I take precautions by using a privacy-focused email service, secure transmission and storage of email CANNOT be guaranteed. Please check and initial ONE of the following:

- I accept the risk to confidentiality, and want to communicate by e-mail (including invoices), as well as by phone calls and face-to-face.
- I want to communicate by only phone calls and face-to face, and have invoices sent by U.S.Mail.

Note keeping (please check and initial that you understand)

My practice is limited to care consultation, care management, and care mediation sessions (typically with involved family members). **While I keep brief notes for billing purposes and to jog my memory, I do not retain information that is regarded as healthcare or medical records.**¹

Questions

Any time you are uncomfortable or confused about any care consultation service, I encourage you to ask questions and express your concerns. You may decline any care consultation service.

State of Washington Health Health Systems Quality Assurance contact information: <https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/ContactUs>

Agreement

I have read this disclosure statement and have had an opportunity to ask questions. I understand and accept the terms of the above policies. I have received a copy of this document.

Client Date

Care Consultant (LW00005500) Date

¹ According to the definition of “healthcare records” in the Washington Health Law Manual Third Edition: <http://www.wsha.org/our-members/resources-for-hospitals/washington-health-law-manual-third-edition/>