Change History

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<tr>
<th>Date</th>
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<tr>
<td>August 12, 2021</td>
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<td>Stacey Wright &amp; Rebecca Swift</td>
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<tr>
<td>November 2, 2021</td>
<td>Added Venmo and Zelle payment information</td>
<td>Stacey Wright</td>
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</tbody>
</table>
Table of Contents

Introduction 6

Standards of Professionalism 6
  Organizational Philosophy 6
  Pursuit of Excellence & Conscious Intention 7
  Conflict Resolution 7
  Ethical Code 7
  Dress Code 7
  Business Cards 8
  Personnel Files 8
  Staff Meetings 8

General Information 8
  Directors’ Contact Information 8
  Leadership Team Contact Information 9
  Other Important Individuals’ Contact Information 9

Organizational Information 9
  Organizational Structure 9
  Professional Development 10
  Getting Paid 10

Office Space 10
  Office Location 10
  Shared Responsibility & Consideration 10
  Assuming Responsibility of Your Clients’ (and Their Guests’) Welfare 11
  Sensitivity to Smell 11
  Office Space Procedures 11
    Opening Checklist 11
After-Session Checklist 12
Closing Checklist 12
Supplies & Other Office Needs 12
COVID Precautions 13
Library 14
Workplace Safety 14

**Technology** 15
Software 15
Zoom Guidelines 16
HIPAA Compliance 16
Forms 16

**Scheduling** 17
TheraNest Calendar 17
Working Hours 17
Office Room Scheduling 17
Virtual Office Space (Zoom) 17
Telehealth Guidelines 18
Telemental Health Prerequisites 18

**Client Management** 18
Professional Standards 18
Initial Client Contact 19
Sliding Scale 19
Informed Consent & Authorization 20
Intake 20
Children and Adolescents 21
Food 21
Confidentiality 21
Recording 22
Payment 22
Treatment Planning 23
Progress Notes 23
Closing Cases 24
Audits 24

**High Risk Clients** 24
Important Phone Numbers 24
Suicide and Self-Harm Protocol 25
  Ground 25
  Assess 25
  Understand 25
Create a Safety Plan (Ideation without a Plan) 26
Establish Safety (Plan and Intent) 26
TeleMental Health Considerations 26
Documentation 26

**Communication** 27
Verbal Communication with Associates 27
Written Communication 27
Email 27
Text 27
Phone 28

**Client Retention and Satisfaction** 28

**New Staff** 30
Volunteers 30
Account Setup 30

**Additional Policies** 31

- Holidays and Vacation 31
- Malpractice Insurance 31
- License to Practice 31
- Business License 31
- Corrective Feedback 31
  - Purpose 31
  - Procedure 32
  - Exceptions 32
- Sexual Harassment 32
- Violence in the Workplace 33
1. **Introduction**

Welcome to Perspectives Center for Holistic Therapy (PCHT). This document (referred to as “the handbook”) contains detailed information about the ethical and procedural requirements of PCHT. We greatly appreciate your attention to and cooperation with these requirements.

The intent of this handbook is to present our guidelines as simply and as clearly as possible. Sections are written to fulfill ethical and legal requirements as well as to provide practical and helpful information.

If you have any questions, please ask. Colleagues can provide guidance as well as any member of the leadership team. Also, if you have any suggestions to help make this handbook or our procedures more user friendly, please feel free to let us know. Your input is valued.

**Checkpoint:**

- Send questions, suggestions, and feedback on this Handbook to Stacey Wright at stacey@perspectivesholistictherapy.com

- All staff members are required to review the Handbook in its entirety on an annual basis. Please record your review and acknowledgement of the guidelines using the Practice Handbook Acknowledgement Form. Annual review and acknowledgement of the Handbook is a requirement in order to continue to receive new clients at PCHT.

2. **Standards of Professionalism**

2.1. **Organizational Philosophy**

- We are committed to professional and personal excellence and guided by the ethical guidelines of our professions.
- We have all come together intentionally to heal and evolve personally as we facilitate the healing and evolution of those who have decided to put their trust in us.
- We support each other and care tenderly for ourselves, being compassionate first to ourselves so that we can be our most compassionate selves for those in our tribe and those clients we serve.
- We are individuals who recognize we are part of a greater whole and we each seek to follow our inner voice and honor that in one another.
● We commit to support each other and to allow ourselves to be supported so that we are our strongest selves for the work we do with love.

2.2. Pursuit of Excellence & Conscious Intention
The primary purpose of this handbook is to help each person at PCHT practice on a very intentional level. We have the reputation of high quality of care for our clients and providing a level of professionalism that goes above and beyond many other mental health facilities. Upholding our reputation is at the heart of our success. Most importantly, upholding our professionalism and pursuit of excellence ensures that each client will receive the highest quality of care possible.

In order to continue expanding our positive reputation, we need each and every team member to contribute to this endeavor. The practice’s reputation is directly related to each team member’s business, reputation, and livelihood. We ask that you remain fully committed to providing the highest quality of care while remaining mindful of your behaviors and intentions and how they may affect your clients, your peers, and our community.

2.3. Conflict Resolution
As we are all interconnected, if you find yourself unhappy with a fellow Pod member, the idea is to first look at yourself. See what they reflect in you that you may need to address or confront within yourself. If after doing this you still find yourself ruffled by a person or situation, being evolved beings, we should next go directly to that person to process the experience in an open-minded, non-accusatory manner. Talking about a Pod member to another can create a toxic energy in our own energy field and in our Pod so we should avoid the temptation to do this.

If you have taken the first steps to look within yourself, have spoken openly with your fellow co-worker, and still feel you have no resolution, then please bring the issue to the leadership team. We strive to use every challenge as an opportunity to grow.

2.4. Ethical Code
It is an absolute requirement to uphold the ethical code of your profession. Make sure that you are very aware of your ethics code and abide by it at all times. Also please consult the Clinical Director at any time with ethical questions.

2.5. Dress Code
Dress should be business casual. Jeans are acceptable as long as the attire is professional. Shorts when outside in the summer are ok as long as they are professional in length and style. We strive to maintain a professional image.
2.6. Business Cards
All staff above the intern level should have business cards in your possession. Please monitor the business card holders in the waiting areas and make sure you keep yours well stocked. If you run low, please let your supervisor know.

2.7. Personnel Files
Each team member is given a private Google file to store their employment related paperwork. Your folder should contain the following items (as applicable): 1099, W2, proof of liability insurance, employment contract, internship agreement, volunteer agreement, etc.

This file will be used as a "virtual file cabinet" to organize and track PCHT personnel documentation for legal purposes. Your file cannot be seen by other clinicians. Please be sure to keep your file up to date and current as this file will be referenced when issuing tax documents. You may also optionally upload other files here, such as supervision notes, hours tracking, etc. Contact Rebecca with questions.

2.8. Staff Meetings
We hold regular staff meetings ("Pod Meetings") on the first and third Thursday of the month, from 1-2:30pm. These meetings are required for interns. All Pod members from all branches of the practice should plan to get together with each other here as much as your schedule and interest permits.

One Pod meeting a quarter will be a required All-Hands Pod Meeting to cover important business matters (please refer to the schedule on the internal website).

Connection with each other matters. It is highly recommended that you attend Pod meetings to learn from, connect with, and support the PCHT team. Meetings are held via Zoom.

3. General Information

3.1. Directors’ Contact Information
Laurie Patrice, LPC, BCPC, CPCS
Director of Psychotherapy & Founder

laurie@perspectivesholistictherapy.com
(404) 984-5002
3.2. Leadership Team Contact Information

Michelle Shlafman, NCC, CNHP, LPC
Clinical Mentor & Intern Supervisor
michelle@perspectivesholistictherapy.com
(404) 490-0426

Stacey Wright, MBA, NCC, APC
Operations Coordinator
stacey@perspectivesholistictherapy.com
(404) 227-0055

3.3. Other Important Individuals’ Contact Information

Rebecca Swift
Administrative Assistant
rebecca@perspectivesholistictherapy.com

A full list of Pod contact information can be found at PCHT Contacts. Please update this spreadsheet as needed to reflect your current information.

4. Organizational Information

4.1. Organizational Structure

The organizational structure of PCHT is unique and representative of our guiding philosophy. We use the image of a strong, rooted, and growing tree to represent the practice. The goal of the organization chart (our Organizational Tree) is to support clarity, provide structure, and help us know where we are, how we support each other, and where we are going as a practice and as individuals.

This tree will be changing as we all grow and as people come and go according to the paths we are on. This is where we are for now. Our structure has been created with input from the Pod and will continue to evolve with your input. It is meant to be creative, intentional, and mindful based on the ideals of an evolutionary path and of supportive leadership. Please take a look at the latest Organizational Tree illustration on the internal website: PCHT Org Tree.jpg. Descriptions of the perks and responsibilities of each level of the tree are in the document PCHT Tree Structure2021.pdf
4.2. **Professional Development**

PCHT supports the growth and development of each staff member, both in your individual journey and as a valued member of the Pod. Your colleagues are one of the best resources for gaining experience and knowledge. There are multiple and various opportunities to expand your knowledge of practice areas, methodologies, populations, business matters, etc. You are encouraged to share your interest areas with the Pod as others may have the same interests or have an opportunity to share.

The Leadership Team schedules interviews once a year to check in with Pod members on an individual basis about their caseload, professional goals, and any struggles. This is also an opportunity to share any feedback or suggestions for improvement. Your input is valued and we all continue to grow and evolve this practice together.

Please feel free to contact your supervisor or any member of the leadership team throughout the year to discuss your professional development.

4.3. **Getting Paid**

Independent Contractors are paid via Zelle on the 1st and 15th of every month. For your first paycheck, you will receive an email notification from Zelle that a deposit is ready for you to accept. You will need to enroll/set up Zelle to deposit to your bank account.

5. **Office Space**

5.1. **Office Location**

Perspectives Center for Holistic Therapy
2370 Main Street
Tucker, GA 30084
Office Phone: 770-634-3285

5.2. **Shared Responsibility & Consideration**

The office space is shared. Please leave no trace, just like in the woods. Take ownership in caring for it. Make sure that the person who uses the office after you finds it in order and ready for the client who will walk in the door next. This holds true for the waiting areas and restrooms as well. It is an act of loving kindness toward your other Pod members to leave a space clean and tidy for them. Always scan the offices you have used as well as the waiting areas and restrooms before you leave to be sure everything is in place for the clinicians and clients that will be there after you.

*If you notice a pillow out of place, please fluff it and set it right. If you see paper on the floor, please pick it up, if we need a new roll of toilet paper in the restroom, please put it on. If you notice a dusty baseboard, take a second to wipe a tissue over it. We all “live”*
together here and we host our clients as we would anyone we really care about, with consideration for their struggles outside of the office and with the offer of respite inside our walls.

Our offices offer warmth, peace, and consistency, all of which help our clients feel safer while they are with us. The condition of our space has its own therapeutic value. Safety is of clinical import. In addition to the space feeling good for our clients, it should feel warm and inviting for us during our time here.

5.3. **Assuming Responsibility of Your Clients’ (and Their Guests’) Welfare**

Please make sure that children are supervised at all times. Please make sure that small children do not get near items that they could place in their mouths and choke on or that they can hurt themselves on in any way. Please make sure that your clients do not wander into the staff room or any other areas where confidential information may be present. Please pick up after your clients if they have left trash anywhere. Bottom line – you are responsible for your clients, any guests that they bring with them, and the safety and welfare of other people that come in contact with them.

5.4. **Sensitivity to Smell**

Many of our clients and some of our staff have sensitivities to smells. These scents that may be pleasant to you can be unpleasant and can create physical symptoms such as nausea and headaches for others. Please be mindful of this and refrain from wearing perfume, cologne, scented lotions etc. at the office. Essential oils may work fine if they are natural. Just be mindful of feedback from clients and colleagues.

5.5. **Office Space Procedures**

The sections below outline expectations for using the office. Please ask if questions arise. A copy of this checklist is posted in the staff room at the office.

5.5.1. **Opening Checklist**

- [ ] Plug in the outdoor waterfall.
- [ ] Unlock the front door. If you are new to the office, you will be given an in-person tour of the office. At this time, you will be provided with the door code information.
- [ ] Turn on the lamp in the foyer.
- [ ] Turn on the lights. (1) Use the switch on the left, on the Adult side of the office. Do not turn on or leave on the fluorescent lights (this type of lighting is more harsh and detracts from the overall ambiance). (2) The second switch is in Hope, on the back wall.
- [ ] Turn on noise machines (on whichever side of the office you will be using).
- [ ] Turn on the air purifiers (one is on each side of the office).
- [ ] Open the curtains in the waiting room area to let in some light.
After-Session Checklist

After you complete a session and/or your time in the office, please follow the following guidelines to ensure the office is ready for use by the next clinician:

- Remove any food items / trash or other items that may leave an odor in the room.
- Replace / reposition / restore the room to the state it was in when you arrived.

Closing Checklist

- Check that bathrooms are clean (toilets flushed, paper thrown away, generally presentable) and handles sanitized (sink, door, toilet, light switches)
- Use sanitizing wipes to wipe down door knobs
- Check the A/C settings.
- Turn off noise machines.
- Turn off the air purifiers (one is on each side of the office).
- Close the curtains.
- Turn off the TVs and CD players.
- Turn off the small Buddha fountain (if turned on)
- Check the main trash cans. Empty the trash if full. There is a dumpster at the back of the parking lot.
- Turn off the lights.
- Set the thermostats to 68 (heat) or 75 (cool) on both sides of the office.
- Turn off the lamp in the foyer.
- Sanitize light switches and handles.
- Lock the front door. Shortcut: press the “Schlag” button and turn the bolt.
- Unplug the outdoor waterfall (if present).

Supplies & Other Office Needs

The list below presents supplies kept in stock at the office. If any items are low or out of stock, please notify Lauren.

- Tissues: It is our intention to keep at least two boxes of tissues in each therapy office (one out and available to use, one easily accessible as a refill). This way if a client is tearful and one box is emptied, you have a backup. Extra boxes of tissues are in the supply closet.
- **Paper Towels**: Extras are kept in the kitchen.
- **Toilet Paper**: Extra rolls should be kept under each bathroom sink, with even more available in the supply closet.
- **Printer**: A small inkjet printer is available in the Staff Room in the locker.
- **Art Supplies**: Paper, markers, crayons, etc. are available in a number of locations in the office (shelves of therapy rooms, cabinets, staff room, etc.). Please ask if there is a specific supply you need help finding.
- **Tea**: A variety of teas are in the supply closet. During COVID, we have removed the water bottle and tea service area from the waiting room.
- **Cleaning supplies**: Can be found in the supply closet, under the bathroom sinks, and in the kitchen.

Please notify the Office Manager or any member of the leadership team:
- If you notice we are running low on any supplies.
- If anything gets damaged.
- When the last water bottle is placed on the cooler.
- If there is a problem with the building.
- If you have any concerns about safety.

### 5.7. COVID Precautions

The following procedures have been implemented in 2021 as clinicians have begun seeing clients in the office again. You are welcome to see clients in-office, at your discretion, adhering to the following office space guidelines:

- **Waiting Room**
  - The water cooler has been moved from the waiting room to the staff kitchen
  - No parents/visitors will be in the waiting room
  - Hand sanitizer is readily available for use
- **Kitchen**
  - Sanitize handles/nozzles of water cooler after each use
  - Max of two people in the kitchen at a time
- **Bathroom**
  - Handles and door knobs will be sprayed/wiped down after each use
  - Employees and clients will wash hands thoroughly after bathroom use
  - Sanitizer and paper towels are available for clients to wipe down surfaces and handles. (Either client or therapist can do).
- **Playrooms**
  - Plush toys, baby dolls, carpet, and swing have been removed
  - Mats can be placed on the floor, which will be wiped down after each use
  - Items used in therapy will be those that should be wiped down and disinfected by the clinician after each session
- **Client Session Protocol**
○ The COVID Precautions Office Agreement must be signed by the client/guardian. Upon completion, the clinician will upload this agreement to the client’s record in TheraNest.
○ Request a copy or photo of the client’s vaccination card (if applicable) and save it to their record in TheraNest.
○ Clients will remain in the parking lot and notify the provider via call or text once they have arrived.
○ Provider will then communicate with the client when they may come to the front door for a temperature check and screening.
○ Masks are required for individuals not fully vaccinated.
○ Clients will use hand sanitizer upon entry to the building.

5.8. Library
A number of books, workbooks and manuals are in the office. Most are in the staff room. You are welcome to borrow a book, but please make a note of the book borrowed using the PCHT Library Form.

5.9. Workplace Safety
The safety of clients, clinicians, and guests is of utmost concern to PCHT. Every precaution has been taken to provide a safe workplace. Common sense and personal interest in safety are still the greatest guarantees of your safety at work. We take safety seriously, and we are sincerely concerned for the health and well being of each associate.

Accident reporting: The cooperation of every associate is necessary to make this company a safe place in which to work. Help yourself and others by reporting unsafe conditions or hazards immediately to Stacey or Michelle.

Safety checklist: It is every associate’s responsibility to be on the lookout for possible hazards. If you spot one of the conditions on the following list—or any other possible hazardous situation—report it to the Leadership Team immediately.

- Slippery floors and walkways
- Tripping hazards
- Missing (or inoperative) entrance and exit signs and lighting
- Burned out lights
- Loose or broken windows
- Dangerously piled supplies or equipment
- Open or broken windows
- Unlocked doors or windows
- Electrical equipment left operating
- Leaks of steam, water, oil, etc.
- Blocked fire extinguishers
● Blocked exit doors
● Evidence of any equipment running hot or overheating
● Evidence of smoking in non-smoking areas (any area inside the building)
● Roof leaks
● Smoke detectors not operating properly

**Emergencies:** If an emergency occurs while you are at the office, for example, if someone breaks in, or someone becomes violent, please **first** ensure your own safety, then the safety of others in the office. Make efforts to secure any children in the building, and assist clients and colleagues to safety. Remember to communicate with others in a calm and assertive manner. If necessary, leave the building. Call 911 to request assistance, then call Laurie. Do not confront a violent person, especially if they are a stranger. Prioritize your safety, and the safety of others in the building.

If there is a medical emergency while you are at the office, first center yourself. Take calming breaths, and assess the situation. Call 911 to request assistance, then call Laurie, and the person’s emergency contact. Please be prepared to take steps to address the immediate needs of the person experiencing the emergency, and to assist paramedics when they arrive.

If you have other concerns for your safety at the office that are not emergencies, please speak to your supervisor. You should also save the non-emergency number for the Tucker Police Department - (678) 937-5301 - in your phone.

6. **Technology**

6.1. **Software**

The practice uses a number of software applications to support our work, as noted below.

- **TheraNest:** Electronic Health Records (EHR) system. [https://pcht.theranest.com](https://pcht.theranest.com)
- **Google Workspace:** Email, cloud storage, office applications, forms
- **Zoom:** Video conferencing
- **MailChimp:** Email subscription list and newsletters
- **Social Media:** Facebook, Instagram, LinkedIn
- **SquareSpace:** Website

Each clinician is provided with an individual account for TheraNest and Google Workspace. Zoom accounts are shared. Access to the other platforms are limited to individuals responsible for updates and content. Let the leadership team know if you would like to contribute to one of the platforms.
6.2. Zoom Guidelines

Please adhere to the following guidelines when scheduling Zoom sessions:

- Create a new meeting link for each client. Recurring links are fine, but use one per client. This prevents one client from accidentally joining another client’s session.
- Use a generated meeting ID (rather than the personal meeting ID).
- Require a passcode.
- Enable the waiting room.
- Verify your display name and update as necessary.
- For recurring meetings, note the client name in the meeting topic.
- Delete old recurring sessions if they are no longer being used. This helps to keep the meeting list tidy for shared accounts.
- Update your TheraNest calendar to reflect the Zoom room being used.
- In the event of Internet disruptions, discuss a backup communication plan with the client. E.g. you will switch to a phone session.
- Be aware of how you appear on camera. As with in-person sessions at the office, a professional setting is an important foundation for therapy work.

6.3. HIPAA Compliance

HIPAA compliance is a requirement of our psychotherapy practice. PCHT holds a Business Associates Agreement (BAA) with TheraNest, Google, and Zoom, indicating that these companies agree to specific security measures and protections for Private Health Information (PHI). Know that a product cannot make your or the practice HIPAA compliant -- it is incumbent upon all members of the practice to uphold security policies and procedures.

We must keep in mind that HIPAA compliance is not something that is “done” or “not done,” but rather an ongoing process that includes administrative, physical, and technical safeguards. This handbook includes our policies and procedures for managing risk. Please contact the leadership team or your supervisor if you become aware of an unaddressed risk or suspect a data breach or other questionable incident.

6.4. Forms

You are welcome to complete a test form at any time, selecting yourself as the clinician. The output PDF from the form will be forwarded to you by our Forms Manager (Rebecca).
7. Scheduling

7.1. TheraNest Calendar
The TheraNest calendar is the official PCHT calendar. You are responsible for keeping your calendar up to date. This includes client sessions information (service type, time, location, etc) and staff meetings. If you are vacationing or unavailable during personal time, please make a note on your calendar so we won’t bother you if we can help it. If you are traveling but ok to do work while away, you can note that on the calendar too.

Please have your weekly TheraNest calendar updated by Sunday evening before the week begins so we all know what’s going on in the office.

7.2. Working Hours
Everyone is free to set your schedule with clients as you wish. Please be mindful of the days and offices in which you have office space open to you. If you schedule clients on days you don’t usually have office space, please consult the calendar to make sure there is an office open and contact colleagues as needed to confirm that space is open.

7.3. Office Room Scheduling
Each of the therapy rooms at the Tucker office has been given a name. One side of the office is set up for children (“the playful side”) and the other for adults (“the calm side”). Offices can also be used as a workspace or for seeing telehealth clients.

Clinicians that are seeing clients in-office are assigned blocks of time in the rooms. Your TheraNest calendar should be updated to reflect when you are using a room. The spreadsheet linked below reflects the current room assignments and also has a basic layout of the office: 📊 Tucker Office Assignments

If you need access to a room at a particular time, but a colleague is assigned that block of time, you can (1) check the TheraNest calendar to see if the room is in-use during the time you would like to use it, and (2) check with the clinician assigned to that room to verify that it is ok for you to use the room for that block of time. If a room is not currently assigned to a clinician for that block of time, feel free to use it, being sure to update your TheraNest calendar so the room is not double-booked.

If you would like to change or request additional office time, contact Stacey.

7.4. Virtual Office Space (Zoom)
We maintain HIPAA-compliant Zoom accounts for telehealth sessions. Each clinician is assigned a room (or room to share). Interns may also use their school-assigned Zoom account, if applicable. Current Zoom room assignments and login information can be found at 📊 PCHT Zoom Accounts
7.4.1. Telehealth Guidelines
As with in-person sessions, it is imperative that you familiarise yourself with the consent documentation required for treatment. This information should be reviewed with the client during the Intake session. The latest version of these forms are provided on the PCHT website at https://www.perspectivesholistictherapy.com/forms.

Please be advised that at the current time, it is only legal to participate in TeleMental Health in states where you are licensed or where you obtain temporary permission to do so. The location of the service is determined by where the client is located when the communication occurs.

Know your applicable ethical and legal codes for telehealth practice. A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.

7.4.2. Telemental Health Prerequisites
It is an ethical requirement to have training in TeleMental health prior to engaging in it. Additionally, training is a board regulation requirement for masters level therapists in the state of Georgia. The current requirement (Rule 135-11-.01) requires any clinician providing telemental health services to obtain a minimum of six (6) hours of continuing education specifically in telemental health. This applies to interns, APC, and LPC clinicians at PCHT.

Please submit proof of training by uploading it to your personnel folder and notifying your supervisor. More information is available on the Georgia LPCA website at https://lpcag.memberclicks.net/telemental-healthtewst

8. Client Management

8.1. Professional Standards
Please be alert to timelines. The expectation is for each clinician to take responsibility for keeping up with the timelines. It feels uncomfortable for everyone if clinicians have to be monitored on these issues. We will not let this be part of our culture. Here we respect everyone as a responsible professional adult. We are pretty flexible with record keeping compared to many practices, but there are standards of practice that have to be in place for our clients’ highest good (as well as for legal and ethical guidelines to be met). If you need help with creating a system so you can feel competent in this area, please approach your supervisor to get support.
8.2. Initial Client Contact

If a referral, talk with the referring clinician to get any background information. Contact the potential client within 24 hours. This may require leaving a voicemail and sending an email. The goal is to settle on a time to talk over the phone or via Zoom as soon as practical for the clinician's and client's schedules.

Staff (not interns) may choose to set up online scheduling using tools such as ScheduleOnce. Contact Stacey if you are interested in incorporating this into your process.

Prior to speaking with client it can be helpful to:

- Ground yourself.
- Use the Basic Breath tool to center yourself.
- Set your intentions for the outcome.

If you do not receive a response from your email/call, do not take it personally or hold it against the client. When people are initiating therapy for themselves or their child it can be emotional, stressful and hard to do.

During the initial conversation:

- Schedule the Intake session and inform the referring clinician and your supervisor of the date/time.
- Note: If a plan is not made on the phone during the initial consultation, too much time can pass before getting the client scheduled. In this case momentum is lost and the client may go someplace else if time between referral, initial intake and session is stretched out.
- Agree to the payment rate
- Email the client links and instructions for completing required documentation.
- Set up the client's chart in TheraNest and upload completed documentation PDFs to the Clinical Documents tab. See the Record Keeping section of this document for more information.

8.3. Sliding Scale

Part of the Perspectives mission is to serve our community through affordable and pro bono mental health services. We do this through low cost sessions with therapists in training (or interns) and sliding scale rates from our clinicians.

- In general, we like all clients to pay something toward their sessions, even if this is just $5 per session. Please talk with your supervisor when you are first navigating a conversation about the client's rate. For interns, the referring clinician will generally have discussed payment with the client.
● All sliding scale clients will need to complete the Sliding Scale form. Set expectations with them that their financial situation and the sliding scale rate will be reviewed with them on a quarterly basis.
● Post-grad clinicians (APC, LPC, Skills Dept) are asked to allow for at least 2 sliding scale spots in their caseload.
● The Powerful Project (http://www.powerfulproject.org) seeks to match individuals and families in need with affordable mental health services. Clients are matched with clinicians at PCHT and other partner organizations. Lauren is the main point of contact for The Powerful Project or admin@powerfulproject.org.

8.4. Informed Consent & Authorization

Please read the forms we give all clients to sign prior to any treatment. All forms are available on the practice website at https://www.perspectivesholistictherapy.com/forms. You are welcome to complete a test form at any time, selecting yourself as the clinician. The submitted form PDF will be forwarded to your email.

If a therapy client (or guardian) has not signed this form prior to treatment, we are committing both a HIPAA and an ethical violation as well as breaking state and Federal law. It is imperative that you know this form very well in order to understand our policies with clients. Additionally, it is an ethical requirement to go over these policies in the first session with each client and be certain that they understand them.

Without intake documents signed, therapy cannot be provided. Consent for Treatment and HIPAA forms are legally required to conduct therapy.

The client can complete these forms online and they will be automatically emailed to you as a completed PDF. Note that all form submissions will first be sent to Rebecca and she will forward the completed file to you. The file(s) can then easily be saved in the client record in TheraNest under Clinical Documents.

8.5. Intake

☐ You can use the Adult Intake Interview template to help guide the initial intake session. An online version of the form can be found here. Please also view the Intake Training video on the internal website.
☐ Please make sure to enter demographic data on each client into TheraNest.
☐ Intake paperwork should be uploaded into TheraNest within the first week of therapy beginning. Upload documents to the "Clinical Documents" tab under Notes.
☐ As a matter of procedure, you will find it much easier to get initial paperwork on file if you set a reminder for yourself when you email the intake paperwork to email your client two days before his or her session to remind them to submit the intake paperwork.
On the rare instance that you take a photo of a credit card with your phone, make sure you enter info into TheraNest and delete it from your phone before leaving for the day. If you write down credit card information, securely destroy the information after entering it into TheraNest.

Please take a photo of each client and upload into the general documents file on TheraNest for your client.

Clinicians should keep several copies of blank intake paperwork or have a laptop/tablet with them in case a client forgets to complete intake information paperwork before the second session. Intake paperwork may vary depending on services provided but any type of therapy requires HIPAA forms and consent for treatment.

If the client brings paper copies to the in-person session, please scan into TheraNest. Clinicians should make a new paper file for each client whenever there is a need for storing paper materials. Whenever possible, these papers can be scanned into TheraNest. Papers should be shredded once uploaded into TheraNest.

8.6. Children and Adolescents
All children and adolescents entering PCHT should have the Achenbach Child Behavior Checklist (CBCL) completed by a caregiver at the first session. This can be reviewed at the time of treatment plan review, annually, or at the time of termination of therapy to help track progress and develop treatment direction.

8.7. Food
Sometimes food can be a part of a therapeutic intervention. Children should not be given food unless parents have been consulted and we have a clear picture of allergies and know the food offered is not going to harm a child. Any allergies should be listed in the client’s file.

8.8. Confidentiality
Client records must be kept confidential at all times and may not be taken from the office. If you need access to client information outside of the office, make sure you have all the info uploaded on TheraNest so you can access it there. It is a violation of ethical and legal regulations to carry hard copies of client information around with you.

Any hard files must be kept in locked filing cabinets in the office. Check and double check to make sure filing cabinets are locked.

Any data on computers, tablets or phones must be secured with security codes.

Notes, treatment plans, and other client records should be kept on TheraNest.
Keep digital client files or information within our PCHT Google Workspace storage (Google Drive) and not on your personal laptop. If you choose to keep client-related files on your personal computer or laptop, it is wise to enable full device encryption.

- Delete files from your device after they are uploaded to TheraNest.
- If you share a computer with anyone else, you are required to have all your work related materials accessible only by you with your personal security code.
- Avoid public Wi-Fi when working on client notes or emails.
- If meeting with a client in the community, take care that nothing in your conversation or behavior indicates the professional relationship you have with the client. Do your best to make sure conversations are not overheard.
- Conversations regarding your clients with anyone outside of Perspectives require a Release of Information on file and up to date. If you are working with a client for more than a year, set a reminder to update Releases of Information annually. If you attend a school meeting or IEP even at a parent’s request a Release of Information needs to be on file.
- Notify Laurie if a data breach occurs or is suspected.

8.9. Recording
When taping sessions for school, interns need to have signed permission forms (as provided by your school) from clients. After it is signed, please upload a copy to the Clinical Documents tab. Before proceeding with recording, check with your supervisor or mentor that it is ok to ask the particular client.

When taping sessions for internal organizational use, permission has already been granted in consent for treatment and additional forms are not required. That being said, it is still good practice and our policy to get a verbal consent from your client.

If clips are to be sent to teachers or others besides the family and professionals at Perspectives, be sure to get a signed Release of Information. They must be emailed or transferred through secure channels or clients need to sign a release indicating they are aware of the risk of emailing through unsecured channels. Our email is HIPAA compliant, but the email of the receiving agency or individual may not be.

8.10. Payment
- Each clinician is responsible for collecting all fees owed by their clients.
- Independent Contractors are paid based upon the net fees collected.
- Credit card information can be gathered in person, over the phone, or during the intake session. You may also use the PDF Payment Authorization form (sent as an attachment in the email, not a link to Google Drive). Be sure to delete any notes or downloaded files with credit card information after it is saved in TheraNest.
You may choose to collect payment method information prior to the first session or at the start of the intake session. This information is saved in the “Billing Information” tab of TheraNest. Note that the system does not ask for the security (CVV) code until you charge the card.

As a practical measure, it is recommended to enter the payment information and charge the card while you have the client in-session, in case there is any error in the card information. Once the first payment is processed, the card and CVV information is saved for future use.

If clients pay with checks please place them in the dropbox in Tucker (located in the hallway outside Hope and Laurie’s office). Text or email Stacey to let her know a check is there. Checks should be made out to: Perspectives Center for Holistic Therapy—not the individual clinician. For telehealth, checks can be mailed to the Tucker office.

Cash should not be mailed. If cash is given in person, put it in an envelope and drop in the hallway mailbox in Tucker and let Stacey know.

Clients may also pay via Zelle (to laurie@perspectivesholistictherapy.com) or Venmo (@PerspectivesCHT). In these cases, please instruct clients to add a note of the clinician name and date of the session. Stacey or Laurie will notify you when the payment is received, at which time you can apply the payment in TheraNest.

### 8.11. Treatment Planning
- Treatment plans must be completed **no later than AFTER TWO SESSIONS** with a client.
- Skills training also requires a treatment plan.
- Each clinician is responsible for bringing the treatment plan to supervision within two weeks of initial appointment. Supervisors should not have to ask for it or track it down. As a professional this is the responsibility of the clinician. Supervisors are happy to help you develop treatment plans. Clinicians are responsible for asking for this help.
- Treatment plans can be modified as needed and should, in fact, be modified as new information and developments surface. Set reminders to review every three months. You can set these reminders in TheraNest.
- More guidance on writing Treatment Plans is provided on the internal website.

### 8.12. Progress Notes
- Notes serve to help you keep up with progress and often help identify patterns you might otherwise miss. They also allow your supervisor to keep up with the case between supervisions. Be sure to keep them up to date.
- It is for your protection that you keep up with your notes and that you document in TheraNest all client contact.
- Be sure to e-sign your notes after entering them in TheraNest.
• Notes are expected to be completed on the day the client is seen. Try to give yourself 10 minutes between sessions or complete before leaving for the day if you are unable to get them done between sessions.

• Be sure to write your note before billing or the dx code will not show up on the super bill. This means insurance will not reimburse your client and your client will come to you (or Laurie) to redo the super bill—extra work no one wants to do.

• Email your client a super bill after every session—even if they are not planning to file with insurance.

• Please make sure that you enter appointments in your calendar with a Service Type (i.e. CPT code). If it’s not on the calendar it won’t show up on the super bill. If there is no CPT code on the super bill, clients reach out to us when insurance turns down their claim.

• Intern permissions in TheraNest are set up to require supervisory review of progress notes.

8.13. Closing Cases
After a month with no contact with a client, please send your client an email letting them know their file will be closed unless they wish it to remain open. In order for it to remain open they must contact you within the week.

E.g. “Hi ____. We haven’t met or talked recently, so I’m reaching out to check in and make sure you are ok. If you’d like to continue with therapy, please let me know by the end of the week. Our practice policy is to close case files after a month without contact. If you do not want to continue therapy at this time, that is ok. I will go ahead and close your file if that is the case or if I don’t hear back from you. We can always reopen your file in the future when you are ready to continue with therapy.”

The closing note should be written at the end of that week if there has been no contact. Without closing a file we remain responsible on seem level should anything occur with the client even though we haven’t seen them. Please make a closing note and close (archive) the case. You may also archive the client if no other active cases are open.

Until you close a chart, both you and PCHT are legally and ethically liable for this client. Therefore, we never let clients just drop off without some kind of documented attempt to contact them. Always email your supervisor when you have closed a case.

We audit client charts on an ongoing basis, and we expect for you to keep everything up to date. You will be contacted if there appear to be notes, treatment plans, invoices, or any other items that need your attention.
9. High Risk Clients

9.1. Important Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tucker Police Department Non-Emergency</td>
<td>(678) 937-5301</td>
</tr>
<tr>
<td>Dekalb County Sheriff</td>
<td>(404) 298-8400</td>
</tr>
<tr>
<td>Emory University Hospital at Wesley Woods</td>
<td>(404) 778-7777</td>
</tr>
<tr>
<td>Skyland Trail</td>
<td>(866) 504-4966</td>
</tr>
<tr>
<td>Ridgeview Institute</td>
<td>(770) 434-4567 Ask for the “Access Center”</td>
</tr>
<tr>
<td>Georgia Crisis &amp; Access Line</td>
<td>(800) 715-4225 Text &quot;HOME&quot; to 741741</td>
</tr>
<tr>
<td>Georgia Coalition Against Domestic Violence</td>
<td>To find a domestic violence shelter in Georgia, call 1-800-334-2836</td>
</tr>
</tbody>
</table>

These numbers are also posted in the Staff Room along with other resource numbers.

9.2. Suicide and Self-Harm Protocol

9.2.1. Ground

If a client indicates there is suicidal intent or that they have a plan to harm themselves, the first step is to take a deep breath and ground into your body. We want our method of support to our client to feel as grounded and supportive as possible, because chances are, they are in fight/flight/freeze.

9.2.2. Assess

We want to assess the state of where they are, by asking some questions:

- “Are you having any thoughts of suicide or self harm?” If yes, then:
  - “How often do you have these thoughts?”
  - “On a scale of 1-10, how intense are these thoughts when they happen?”
  - “How serious do you feel about carrying out those thoughts?” or “If you left here right now, what is the likelihood that you would follow through with your thoughts about killing yourself?”

- If you think they have a plan, then ask: “Have you given thought about how you would kill/harm yourself?” If yes, then:
  - “Tell me how you would do that.”
9.2.3. Understand
We want to understand their story of why they are feeling this way. You want to gather more information to understand how they got here and the reasons behind how they came to feel as they do. Take into account if something in their life has changed, or if they have been feeling suicidal for a long time.

9.2.4. Create a Safety Plan (Ideation without a Plan)
If the client is suicidal, but has ideations versus intent to harm or a plan to kill themselves, we would then create a safety plan with the client. In this plan, you would identify triggers to feeling suicidal, thoughts, images, mood, feelings, behaviors. You would also identify healthy coping strategies or distractions to support them when they notice they are beginning to feel suicidal. The client would identify a list of people they could call for support, as well as have the suicidal hotlines listed.

You may even ask them a question such as “List 2 things worth living for and why”. We would also discuss if the client did not feel safe with themselves, what the plan of supportive action would look like to get them to the level of safety they would need. Be sure to document who they would call for support and how they would reach them.

A safety plan template can be found at Safety Plan.pdf

9.2.5. Establish Safety (Plan and Intent)
If the client reports they do not feel safe with themselves and feel they are in danger, we would look-up the emergency contact listed on the client’s intake, and find a way to make sure the client is safe as possible. This might mean the emergency contact would pick up the client and take them to get a psych eval at an inpatient hospital or bring them to the emergency room.

If you can not reach the emergency contact, you can ask the client for another option, and proceed until you reach someone close to the client who is willing to take responsibility for getting them assessed for safety and/or need for hospitalization. The last resort if you cannot contact anyone and the client is not willing to sign a contract for safety is that you would need to call 911 for transport and of course your supervisor (Laurie).

9.2.6. TeleMental Health Considerations
If the session is on Zoom or via phone, and the client dropped the call or did not feel safe and left without saying goodbye, you would call their emergency contact first and then if you couldn’t reach them, call 911 for a wellness check and explain the situation that happened to the dispatcher as well as let your supervisor know.
9.2.7. Documentation
Make sure to document every step of this situation in Theranest. Document the safety procedures you took, each step to make sure the client is safe, and any considerations of what your thoughts were on calling emergency contact, creating a safety plan, and/or calling 911 for transport.

We want to follow the safety plan as best as we can and follow through with the emergency contact information. Our job is to protect the client as best as we can when they can’t protect themselves.

10. Communication

10.1. Verbal Communication with Associates
We ask that you always lower your voice while in the office and halls out of courtesy to the other therapists and clients in the office. Please keep your voices particularly low while speaking about a client. It’s understandable to need to process client sessions, but please refrain from doing so in the hall, the business office, or near the waiting room. We need to protect every client’s right to confidentiality. If possible, never use full names while speaking about a client.

10.2. Written Communication
If you step away from any confidential information, please turn that document face down. However, never leave a room with confidential information in it unattended unless it is behind a closed door (preferably a locked door).

If you leave confidential information in another associate’s cubby or desk, please turn these items upside-down to prevent unauthorized people from seeing these items.

10.3. Email
Only use your Perspectives email for email correspondence with or regarding clients. Because of our Business Associate Agreement (BAA) with Google, our Google Workspace platform, including Gmail, supports HIPAA standards. HIPAA compliance requires ongoing attention from all staff to any usage of client information. All professional emails should have the confidentiality disclaimer the bottom:

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential, proprietary, and/or privileged material. Any review, transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender and delete the material from all computers.
Advise clients that email communication is not secure. Despite our BAA with Google, we cannot guarantee that emails will not be seen by other parties on the client's end. Email is fine for administrative items, such as schedule changes, check-ins, or questions about resources.

10.4. **Text**

Clients should be instructed to use texting only regarding lateness to appointments. You can explain how their confidentiality is jeopardized when anyone can see a text come in on your phone. (This is also a healthy boundary for each of us who may not want client text popping up during our personal time). Do not share private client information with other clinicians over text.

10.5. **Phone**

It is recommended that you obtain a virtual business number to keep separate from your personal number. Google Voice is a free option, though not HIPAA secure (and not covered by our BAA). Other options like iPlum are low cost and provide a BAA for HIPAA compliance. An updated list of internet phone options (VoIP) is at [https://personcenteredtech.com/pct_vendorreview_tag/voip/](https://personcenteredtech.com/pct_vendorreview_tag/voip/)

Clients should not be listed in your phone by first and last name. The format should be “Cli—Mary S.” or “Wk—Mary S.” etc to distinguish them from your personal contacts. Some HIPAA secure internet phone applications (such as iPlum) allow for the secure storage of contact information separate from your contacts.

10.6. **Social Media**

PCHT has various social media accounts (i.e. Facebook, Instagram, LinkedIn), allowing us to share practice information, news and event updates with other social media users. In addition, clinicians may choose to have personal and/or professional social media accounts. As a general rule, do not share anything online that you would not be comfortable with clients seeing or discussing with you.

Therapists are not permitted to accept “friend” requests from current or former clients on their personal social networking sites (Facebook, Twitter, LinkedIn, etc.). Adding clients as “friends” on these sites can compromise client confidentiality and clinician privacy. It may also blur the boundaries of the therapeutic relationship. The client consent and intake documentation describes our social media policy. Please be sure to review this with clients during the Intake session.

11. **Client Retention and Satisfaction**

- Our office tries to schedule a client with a therapist within 2-3 days if possible. The person is commonly in distress, and is looking for immediate help. We must do our
very best to schedule clients in a timely manner, most importantly for their first session. Otherwise, they find someone else or the crisis passes and they don’t follow through with the appointment.

- It can be helpful to give the client some kind of tool or coping mechanism to take with them each session, even if it’s just “remember to breathe.” This is crucial especially for the first 3 to 4 sessions. Along these lines, you can share resources or handouts with clients that support the work they are doing. Be careful to not overwhelm them with too much information. Feel free to use the handouts shared on the internal website.

- Assign homework if the client is are willing to do it. Tasks to be completed outside of session give clients more responsibility and help them to improve at a quicker rate. These tasks also serve as transitional objects that keep them connected to you and to therapy.

- Make sure to read the client record and notes from the previous session before you see your client. Remember the details. Try to use specific names of family members (rather than “your brother”). Write these names down as they come up.

- Instill hope and confidence in your client. We want to let clients know the practice and your individual specializations and that their issues are very treatable. You may even want to state, “I really think we can help you work through this” (of course, ethically, we cannot guarantee results, but we can be hopeful).

- Appear confident in your ability to help the client. The client is looking to you for an indication that they are in good hands. They want to know that they are safe. If you are not the best fit, please find someone who is as soon as possible.

- Be sure to set up a time for the next session before they leave. Avoid letting the client get away with the “I’ll call you” scenario. They may mean well, but clients can easily get caught up in other things, and consequently, fail to make the appointment.

- Clients may choose to schedule a standing weekly appointment time. In this case, just confirm the next scheduled appointment with them at the end of the session.

- You might even need to state that your time slots fill up quickly, and that you want to be sure to reserve a time for the client. This statement has additional benefits – it’s also an affirmation for the growth of your practice.

- It’s a good idea to set a tentative time, if nothing else. “You said Thursday at 3:00 p.m. usually works. Why don’t I put you in that time slot for now, and you can call to confirm.” Truly, weekly therapy is considered the standard of care, so it’s important to get the client in on a regular basis. You lose both momentum and therapeutic alliance when regularity is compromised. Without a regular schedule, you will end up spending time reestablishing trust over and over again, versus getting to the real work.
● Try to see the client consistently for at least four to five sessions in a row. Also, avoid letting clients transition to every-other-week with their sessions until they are really ready to do so. Again, this is also a standard of care issue.

● Avoid rescheduling client appointments. If you start changing their apt. times once they are set, they invariably will start doing it back to you. If you stay consistent, they are much more likely to stay consistent. Plus, it’s much more professional.

● Use the phone to communicate and avoid email or text unless it’s just for appointments. You want to be sure they are not misinterpreting your message, and the tone of your voice is a critical therapeutic tool. You want to convey “caring” and “concern” above all else. If you’re angry with the client, please get some supervision before contacting them. If the client doesn’t show up, we request that you call them about 15-20 minutes into what would have been their session and convey concern versus frustration.

> “It’s about 4:20 p.m. and I had us scheduled for 4:00 p.m. I’m getting kind of worried about you. Please just let me know that you’re okay.”

If the client has missed other sessions and you’re getting the impression that they aren’t happy with therapy for some reason, then you might want to add,

> “You’ve missed some sessions lately. I’m wondering if you’re rethinking therapy. If you don’t want to schedule another appointment, that’s fine, but I really would like to know if you’re okay.”

This opens the door for them to at least call and let you know rather than dropping off. It may also give you the chance to process whatever it is that they are avoiding telling you.

● In general, convey “warmth” and “caring” (even during the times when you have to be firm). You may very well be the only person that client has who cares about their welfare.

● Clients are always “right” because they have a right to their experience. If they think you did something unhelpful and you disagree, it’s far more important to explore their experience than prove your point.

● Don’t confront a client about something sensitive until you have the therapeutic alliance to support it (you generally need a month at minimum). Remember: Tact, timing, and dosage.

● Be careful while discussing money with clients. It is easy to offend them. They often feel like they are paying you to care about them, so try to avoid demonstrating this. Also, conversations about money are best held in person vs. over email or even the phone.
12. New Staff

Welcome to the Perspectives Pod! We are glad to have you as a part of the team.

12.1. Volunteers

If you are volunteering or participating in Pod activities prior to your official start date, you must complete the Volunteer Confidentiality Agreement.

12.2. Account Setup

The following items are required as part of your administrative onboarding. Rebecca is the main point of contact. Some require your input:

- **Google Workspace** account (after this is setup, your PCHT email address will be the main point of contact for all work-related emails)
- **Pod and Intern email addresses:** Rebecca will add you to the group emails for pod@perspectivesholistictherapy.com and interns@perspectivesholistictherapy.com
- **TheraNest** account
- **Client forms setup:** request Rebecca to add you to the Clinician drop-down list on forms. Let her know if you are part of the Psychotherapy or Skills department. Verify you are listed on the appropriate on the forms at https://www.perspectivesholistictherapy.com/forms
- **Website:** Review the format of team member profiles on the website. Write your bio and email it to Rebecca for posting along with your photo. The photo should be taken outside to be consistent with the background of the other team photos (natural/ floral/ greenery).
- **Personnel file:** Request access to your virtual file and upload your employment/internship documentation
- **Email footer:** Add and format your PCHT email footer per the guidelines on the internal website.

13. Additional Policies

13.1. Holidays and Vacation

As with session scheduling, holiday and vacation days are up to each staff member’s discretion. In general, it is expected that the office will be closed on major holidays, following the Dekalb County School calendar.
13.2. **Malpractice Insurance**
You are responsible for keeping your malpractice insurance current at all times. Each time you renew your malpractice insurance, please provide us with a copy of it immediately.

13.3. **License to Practice**
You are responsible for keeping your license current and in good standing. Please provide us with a copy of your most current license during each renewal period.

13.4. **Business License**
If you are a 1099 Independent Contractor (all therapists), you may choose to have your own Business Registration Certificate or Business License for Dekalb County (or applicable country). You may obtain the appropriate certificate or license at the following location: [Dekalb County Business License](#)

13.5. **Corrective Feedback**

13.5.1. **Purpose**
To establish rules pertaining to staff (intern, employee, or independent contractor) conduct, performance, and responsibilities so that all personnel can conduct themselves according to certain rules of good behavior and good conduct.

The purpose of these rules is not to restrict the rights of anyone, but rather to help people work together harmoniously according to the standards we have established for efficient and courteous service for our clients.

Reasonable rules concerning personal conduct of staff are necessary if the facility is to function safely and effectively. You will be kept informed of rules and any changes to those rules. PCHT believes that you want to, and will, do a good job if you know what is required to perform your job properly.

13.5.2. **Procedure**
Corrective feedback is generally progressive and is used to ensure that the staff member has the opportunity to correct their performance. There is no set standard of how many oral warnings must be given prior to a written warning. However, once two written warnings are issued (from the leadership team member, copying the supervisor and director), a third offense warrants termination of employment and/or independent contractor services rendered. Factors to be considered are:

- How many different offenses are involved
- The seriousness of the offense(s)
- The time interval and employee or independent contractor response to prior disciplinary action(s)
13.5.3. Exceptions
For serious offenses, such as fighting, theft, threats of violence, the sale or possession of drugs or abuse of alcohol on company property, etc., termination may be the first and only disciplinary step taken. Any step or steps of the disciplinary process may be skipped at the discretion of PCHT after investigation and analysis of the total situation, past practice, and circumstances.

13.6. Sexual Harassment
All employees and independent contractors have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment. Anyone engaging in harassing conduct will be subject to discipline, ranging from a warning to termination.

*What should you do if you are sexually harassed?* If you feel that you have been the recipient of sexually harassing behavior, report it immediately to Laurie. It is preferable to make a complaint in writing, but you can accompany or follow up your written complaint with a verbal complaint.

Your identity will be protected and you will not be retaliated against for making a complaint.

*What happens after a complaint is made?* Within three business days after a written complaint is made, a supervisor, or other person designated by the director, will investigate the complaint. Your anonymity will be protected to the extent possible.

Depending on the complexity of the investigation, you should be contacted within five business days about the status of your complaint and whether action is being taken.

13.7. Violence in the Workplace
PCHT has zero tolerance for violence. If you engage in any violence in the workplace, or threaten violence in the workplace, your contract with us will be terminated immediately for cause. No talk of violence or joking about violence will be tolerated.

“Violence” includes physically harming another, shoving, pushing, harassing, intimidating, coercing, brandishing weapons, and threatening or talking of engaging in those activities. It is the intent of this doctrine to ensure that everyone associated with this business, including trainees, employees, independent contractors, and clients, never feels threatened by any employee’s or independent contractor’s actions or conduct.

*Weapons Ban*
PCHT specifically prohibits the possession of weapons while on company property. This ban includes keeping or transporting a weapon in a vehicle in a parking area, whether public or private. Staff members are also prohibited from carrying a weapon while performing services related to PCHT off the company’s business premises.

Weapons include guns, knives, explosives, and other items with the potential to inflict harm. Appropriate disciplinary action, up to and including termination, will be taken against any employee or independent contractor who violates this mandate.

**Reporting Violence**

It is everyone's business to prevent violence in the workplace. You can help by reporting anything you see in the workplace that could indicate that a co-worker is in trouble.

You are encouraged to report any incident that may involve a violation of any of the company’s policies that are designed to provide a comfortable workplace environment. Concerns may be presented to your supervisor. All reports will be investigated and information will be kept confidential.