

CLIENT HANDBOOK & NOTICE OF PRIVACY PRACTICES

Channel of Peace Counseling, LLC

Licensed Clinical Social Worker (LCSW) – Pennsylvania

Welcome

Welcome to Channel of Peace Counseling, LLC. This handbook provides important information about therapy services, practice policies, and your privacy rights.

Please review this document carefully. It is intended to support transparency, informed consent, and a safe therapeutic environment.

About the Practice

Services are provided by a Licensed Clinical Social Worker (LCSW) in the Commonwealth of Pennsylvania. Care is guided by professional standards and the National Association of Social Workers (NASW) Code of Ethics.

Services Offered

- Individual therapy
 - Couples/family therapy (if applicable)
 - Telehealth services
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What to Expect in Therapy

Therapy is a collaborative process that may involve discussing sensitive topics. While many clients benefit, outcomes cannot be guaranteed.

Appointments and Scheduling

- Session length: _____ minutes
- Appointments are scheduled in advance
- Changes are subject to availability

Fees and Payment

- Standard session fee: \$_____
- Payment is due at the time of service

Accepted payment methods: _____

Sliding Fee Scale

Channel of Peace Counseling, LLC offers a limited number of reduced-fee appointments.

- Sliding scale range: \$_____ – \$_____
- Based on income, household size, and financial need
- Reviewed every 3–6 months

Availability is limited and not guaranteed.

Insurance (if applicable)

- Clients are responsible for verifying benefits
 - Copays, deductibles, and denied claims are the client's responsibility
 - Superbills may be provided upon request
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Good Faith Estimate

You have the right to receive a Good Faith Estimate of expected charges if you are not using insurance.

Cancellation Policy

- 24 hours notice required
 - Late cancellations/no-shows may be charged the full session fee
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TELEHEALTH INFORMED CONSENT (PENNSYLVANIA)

Telehealth involves providing behavioral health services using secure electronic communications (video and/or phone).

By choosing telehealth services, you acknowledge and agree to the following:

1. Licensure and Location Requirements

- The clinician is licensed in Pennsylvania
 - You must be physically located in the state of Pennsylvania at the time of each session
 - You agree to inform the clinician of your location at the start of each session
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2. Technology and Platform

- Sessions will be conducted using a HIPAA-compliant platform
 - You are responsible for having a reliable internet connection and appropriate device
 - Technical difficulties may result in interruption or rescheduling
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3. Risks of Telehealth

Potential risks include:

- Interruptions due to technology failure
 - Reduced ability to observe nonverbal cues
 - Possible, though unlikely, breaches of confidentiality
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4. Confidentiality in Telehealth

- All standard confidentiality protections apply
 - You are responsible for being in a private, secure location during sessions
 - Use of public Wi-Fi or shared devices is discouraged
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5. Emergency and Crisis Planning

- Telehealth is not appropriate for all crises
- You agree to provide:
 - Your current physical address at each session
 - An emergency contact (if requested)

In case of emergency:

- Call 911
- Go to the nearest emergency room
- Call/text 988

If the clinician believes you are at risk, emergency services may be contacted using the information you provide.

6. Appropriateness of Telehealth

- Telehealth may not be suitable for all clients or situations
 - The clinician may recommend in-person care or a higher level of care when clinically appropriate
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7. Consent and Right to Withdraw

- You may withdraw consent for telehealth at any time
 - You may request in-person services if available
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8. Recording Prohibition

- Sessions may not be recorded by either party without prior written consent
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Confidentiality

Your information is kept confidential except when disclosure is required or permitted by law (see Notice of Privacy Practices below).

Communication Between Sessions

- Used for scheduling and brief updates only
- Not appropriate for emergencies

Response time: _____

Emergencies

This practice does not provide 24/7 crisis care.

In an emergency:

- Call 911
 - Go to the nearest emergency room
 - Call/text 988 (Suicide & Crisis Lifeline)
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Social Media Policy

- No social media interactions with clients
 - No response to public messages/comments
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Client Rights

You have the right to:

- Respectful, non-discriminatory care
 - Ask questions and participate in treatment decisions
 - Request records (as permitted by law)
 - Receive clear information about fees
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Client Responsibilities

You agree to:

- Provide accurate information

- Attend sessions consistently
 - Pay agreed fees
 - Participate in treatment
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Termination of Services

Services may end when:

- Goals are met
- You choose to stop
- Services are no longer appropriate

Referrals will be provided when possible.

Complaints

If concerns arise, please discuss them directly.

You may also contact the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

NOTICE OF PRIVACY PRACTICES (HIPAA)

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Your Rights

You have the right to:

- Access and receive copies of your records
- Request corrections
- Request confidential communications
- Request limits on use/disclosure

- Receive a list of disclosures
 - Receive a copy of this notice
-

Uses and Disclosures

Your information may be used for:

- Treatment
 - Payment
 - Healthcare operations
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Uses Requiring Authorization

Your written permission is required for uses beyond standard purposes. You may revoke authorization at any time.

Legal Disclosures

Information may be disclosed when required by law, including:

- Risk of harm
 - Abuse/neglect
 - Court orders
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Privacy Protections

Channel of Peace Counseling, LLC is required to:

- Maintain privacy
 - Provide this notice
 - Notify you of breaches
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Complaints

You may file a complaint without penalty.

Contact Information

Channel of Peace Counseling, LLC

Address: _____

Phone: _____

Email: _____

Effective Date

Acknowledgment

By signing the informed consent form, you acknowledge that you have received and reviewed this handbook, including telehealth consent and privacy practices.

Client Name: _____

Client Signature: _____ **Date:** _____

Clinician Name: _____

Clinician Signature: _____ **Date:** _____
