



5960 Fairview Road, Suite 300
Charlotte, NC 28210
Tel: 704-441-8715
www.autism-180.com
info@autism-180.com

Consent for Applied Behavior Analysis Services

This document describes the nature of the agreement for professional services, the agreed upon limits of those services, and rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct of Behavior Analysts. I will receive a copy of this document to retain for my records. All fees for services and payment arrangements will be reviewed separately.

Iagree to have my child/dependent,....., participate in applied behavior analysis (ABA) assessment and/or treatment services provided by Autism180. I understand that the specific activities, goals, and desired outcomes of these ABA services will be fully discussed with me and that I will have the opportunity to ask for clarification prior to signing this document. I also understand that I have the right to ask follow-up questions throughout the course of service delivery to ensure my full participation in services. If these services have been arranged or will be paid for by a third party (e.g., school, insurance plan, state agency), I am aware that the third party has the following rights: determination of services, implementation of services, access to documentation of sessions for billing purposes, access to assessment results and written reports.

If Autism180 determines that the third party service implementation requirements are not in the best interest of the client, Autism180 reserves the right to terminate services and will provide the client and third party with a list of qualified behavior analysis professionals to contact regarding receiving services.

I also understand that my child/dependent is the primary client of the behavior analyst and that services will be designed primarily for 's benefit.

Any other individuals or agencies (e.g., family, school professionals) who may be affected by the ABA services are considered secondary clients.



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If the ABA services focus on increasing.....'s skills, I understand that 3-8 sessions will consist of assessment activities designed to (a) evaluate his/her current skills (e.g., curricular assessments) and (b) determine which instructional strategies and interventions are likely to prove most effective (e.g., preference assessments, assessment of prompting strategies). The time allocated to these assessments will result in improved intervention. If the services are designed to improve ongoing problem behaviors, I understand that the beginning of those services will include functional assessment and/or functional analysis activities (e.g., interviews, checklists, direct observations) that are designed to provide information critical to the development of effective treatment procedures. I may be asked to assist in gathering some of this information by recording problem behavior as it occurs or in other ways. This process may take 1-4 weeks prior to implementing intervention, but will increase the likelihood of effective intervention.

The subsequent services will be focused on development of and implementation of instructional procedures and/or a behavior intervention plan. Prior to implementation, I will receive a printed copy of the results of any assessment and of any proposed instructional procedures or behavior intervention plans for my approval. The contents of those documents will be explained to me fully and any questions I have will be answered to my satisfaction. Subsequent implementation will involve training in the basics of ABA that are important for the intervention, details about the specific components of the ABA intervention, and direct practice in the components for the family, educators, and/or other service providers. Full participation (including but not limited to: attendance and participation in client sessions, parent training sessions, parent and team meetings, review of data, and data collection) in these implementation and training activities is critical for a successful outcome. If there is evidence of repeated lack of involvement, Autism180 reserves the right to revisit and reconsider the appropriateness of services. Ongoing collection of data will allow evaluation of the effectiveness of the intervention and will assist in developing any revisions that need to be made to ensure a good outcome. When services are no longer necessary or appropriate due to age, skill level, or other reason, we will discuss the discontinuation of services, as we will have achieved our therapeutic objectives. In addition, at regular progress reviews we may also discuss whether continuation of services would be beneficial, and any barriers to continuation.



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Behavior analysts are ethically obligated to provide treatments that have been scientifically supported as most effective for the client. I am aware that other interventions that I am pursuing may affect my child's response to ABA treatment. Thus it is important to make the behavior analyst aware of those interventions and to partner with the behavior analyst to evaluate any associated therapeutic or detrimental effects of those interventions.

I understand that the procedures and outcomes of all assessment and treatment services are strictly confidential and will be released only to agencies or individuals specifically designated by me in writing. In addition, the fact that my child/dependent receives any services is protected and private information. I am aware that Autism180 may release information without my prior consent if so ordered by a court of law. I am also aware that providers are legally required to report suspected occurrences of child abuse or neglect or if I or my child present clear and present danger to ourselves or to others.

I understand that the provider agency employs individuals at Autism180 that are supervised by a Board Certified Behavior Analyst (BCBA). I understand that.....'s assessment and treatment services may be observed by supervisors or other employees as part of ongoing training and quality assurance activities. Events occurring in those sessions will be discussed in closed supervision meetings of Autism180. All individuals attending these staff meetings are bound by the same confidentiality guidelines as Autism180 in order to protect my privacy and that of my child/dependent. I am aware that a record of the treatment will be maintained and this record is available to me in written form upon request.

I understand that it may be necessary to photograph, audio- or videotape assessment and/or treatment sessions for assessment, program evaluation, supervision, and training purposes. In the event that photographs and audio- or videotaping is necessary, I will be informed and asked to give written consent prior to taping. I understand that Autism180 will use this recorded material only for assessment, program evaluation, supervision, and training purposes. If Autism180 plans to use the recorded material for marketing or workshop events available to the general public, I understand that I will be informed and reserve the right to consent or refuse to consent to the use of these recordings for those purposes.



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If the assessment or treatment involves formal research that goes beyond normal evaluation or clinical procedures, I reserve the right to consent or refuse to participate.

I reserve the right to withdraw at any time from these services and I understand that such a withdrawal will not affect’s right to services. In the event of withdrawal, I may request a list of other credentialed providers in the region. In addition, I reserve the right to refuse, at any time, the treatment that is being offered.

I am aware that the relationship between provider and client is a professional one that precludes ongoing social relationships, giving of gifts, or participation in personal events such as parties, graduations, etc. In addition, I understand that I (or a designated caregiver with written consent) must be present for all sessions conducted in the home or community setting. I understand that I am responsible for adhering to the payment arrangements, attendance, and cancellation policy set forth in a separate document.

I may request a copy of my assigned BCBA’s current professional credentials upon request. In addition, any concerns that I have about the performance of my assigned BCBA or Autism180 can be directed to:

The Behavior Analyst Certification Board (BACB)(www.bacb.com)

Behavior Analyst Certification Board, Inc

Disciplinary Matters

8051 Shaffer Parkway

Littleton, Colorado 80127

These policies have been fully explained to me, and I fully and freely give my consent and permission for my dependent.

Parent or Guardian (legally authorized representative):

Signature:

Date: