



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

Policy Consent Form

I, acknowledge receiving from Autism180 the documents listed below and hereby acknowledge that I have read, understand and agree to the contents thereof.

- ABA Policies & Procedures
- Arrival & Departure Policy
- Cancellation Policy
- Coordination of Care Policy
- Discharge & Transition Policy
- Frequently Asked Questions
- HIPAA Notice of Privacy Practices
- Limits of Expertise Notice
- Parent's Guide to ABA Therapy
- Payment Policy
- Rules & Regulations

Signature

Date

