



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

Policies

Absences, Vacations & Holidays (Home Based Services)

- I/We understand that in the event of inclement weather, all Autism180 ABA programs will follow the local public school's procedures.
- Autism180 has scheduled in-service and vacation breaks. I/We understand that I/we will be provided with a calendar of those scheduled breaks in advance.
- If you are privately paying for Autism180 ABA services, in the event of an emergency Autism180 is likely to incur up to three (3) emergency closures per calendar year and that I/we will not be reimbursed or credited tuition for those closures. I/We also understand that if circumstances arise that the service is forced to close more than three (3) times during the calendar year, I/We will be credited a prorated amount on the next month's tuition statement. Emergency closures include, but are not limited to, power outages, snow/ice storm, etc.
- I/We understand that requests for leaves of absence or extended vacation from the program must be submitted with at least 30 days notice and will be reviewed by the Director. Upon approval arrangements will be made on a case by case basis.

Illness Policy

- I/We understand that if my child's temperature is at or above 100° , the service is canceled and rescheduled for later date.
- I/We understand that my child must be fever free for a minimum of 24 hours before resuming services.

Observation of Client

- I/We understand that my/our child may be videotaped while attending Autism180 for the purpose of training staff members and receiving visual updates on my/our child's procedures and progress. I/We understand that the Autism180 will keep the videotapes confidential.



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Autism180 Staff Members

- I/We understand that the staff at Autism180 are hired and trained to provide services to my/our child during regular operating hours. I/We understand that I/we am/are not to approach the staff at Autism180 with alternative propositions of working with my/our child on or off Autism180 premises. I/We understand that Autism180 may dissolve their relationship with me/us and/or seek legal remedies should I/we violate this agreement.
- I/We understand that the staff members of Autism180 are not permitted to drive anywhere with my/our child in the car unless it is an emergency. I/We understand that staff members are not to be approached for chauffeuring my/our child back and forth to Autism180.
- I/We understand that my/our child will rotate through behavioral technicians so that they work with different technicians throughout the weeks. In addition, the Autism180 staff will be generalizing their skills to different classrooms and different people. I/We further understand that while Autism180 will attempt to reasonably accommodate requests to work with a specific behavioral therapist, Autism180 cannot guarantee said request.

Medical Information

- I/We understand that I/we have agreed to release my/our child's medical and psychological records to Autism180. Releasing these records will allow Autism180 to review my/our child's diagnosis, developmental, medical, levels of intellectual, behavioral, and social functioning as well as their medical history. I/We understand that Autism180 may require additional medical evaluation and/or testing.
- I/We understand that I/we must always keep the medication form that is on file for my/our child updated. I/We further understand that at the very least, the director must know what medication and/or supplements my/our child is taking at all times, even if the medication and/or supplements are not administered during Autism180 hours. Additionally, if I/we do not wish for the other staff members to know this information the director will respect my/our right to privacy.



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- I/We understand that I/we give Autism180 permission to seek medical assistance for my/our child in case of an emergency. Medical attention will be sought without my/our verbal permission if I/we am/are either unreachable, time is of the essence, or other unforeseeable circumstances arise.
- I/We understand that there are certain medical conditions, as well as certain medications (such as insulin), that the staff of Autism180 is not qualified to manage and/or administer. If a medical condition arises that the staff is NOT able to handle, my/our child will be transitioned out of the Autism180 program.

Confidentiality

- I/We understand that all written materials ("Program Materials") I/we receive during the course of time that my/our child attends Autism180 are proprietary in nature and may be used only by me/us for the benefit of my/our child. I/We agree not to disclose, well or otherwise distribute Program Materials to any third party without written consent from Autism180 Management. I/We understand that Autism180 may dissolve their relationship with me/us and/or seek legal remedies should I/we violate this agreement.
- I/We understand that data will be taken on my/our child's skill acquisition and behaviors on a daily basis. I/We understand that this data may be used in a research project, presented at a professional conference or meeting, or published in a professional manner. I/We understand that the identity of my/our child or my family will not be revealed without my/our prior permission.

General Information

- I/We understand that Autism180's staff work on a structured schedule and those 10 minutes of parent consultation time has been worked into the schedule at the end of the therapy session. If I/we arrive late, I/we forfeit the opportunity for parent consultation for that day.
- I/We understand that it is the policy of Autism180 not to discriminate against any client on the basis of race, color, religion, gender, physical condition, or national origin.



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- I/We understand that Autism180 may dissolve their relationship with me/us and/or seek legal remedies should I/we violate this agreement.
- I/We understand that Autism180 has the right to terminate services with my/our child for any reason, at any time. If such termination should occur, the tuition paid to date will be reviewed and may be prorated.