

## TREATMENT SERVICES AGREEMENT AND CONSENT FORM

Welcome to Creative Behavioral Connections (CBC). This document contains important information about our professional services and business practices. Please read this document carefully and ask questions for clarification at any time. When you sign this document, it will represent an agreement between you and CBC.

### SERVICES OFFERED

CBC is dedicated to creating and maintaining a collaborative treatment approach with the client and their families, focusing on evidenced based and scientifically validated Applied Behavioral Analysis (ABA). CBC understands that every client with an autism spectrum disorder (ASD) is unique with differing circumstances. Given this, we work with you and your family to identify goals and adapt a Positive Behavioral Support Plan (PBSP) consistent with individual and family needs.

CBC provides a range of services, including diagnostic evaluations, behavioral assessments, and individual and group treatment services. The ABA treatment services include individual focused and comprehensive applied behavioral treatment, and group social skills.

**Diagnostic Evaluations:** Diagnostic evaluations may include some or all of the following:

- Assessment of Autism Spectrum Disorders symptoms and behaviors
- Assessment of Intellectual Abilities
- Assessment of Executive Functioning
- Assessment of Language Fundamentals
- Assessment of Adaptive Functioning
- Assessment of Achievement
- Assessment of Behavioral and Emotional Functioning
- During the evaluation, the evaluator will gather information including a developmental history, conduct psychological testing, and observe the individual being tested. At the end of the diagnostic evaluation, a comprehensive report will be developed, including a diagnosis, summary of the strengths and weaknesses identified in the evaluation process, and treatment recommendations.

**Behavioral Assessments:** Behavioral assessments are concerned with deficits in specific skill areas that may be contributing to problem behaviors, and generally assess some or all of the following:

- Language
- Cognitive skills
- Social skills
- Adaptive functioning
- Self-help skills
- During the assessment process, direct observation will be essential for the evaluation of environmental variables that may be maintaining or increasing the behavior. Behavioral assessments define the problem behaviors and the function the behavior serves. At the conclusion of the behavioral assessment, an individualized assessment report is completed and a Positive Behavioral Support Plan (PBSP) is developed.

**Focused ABA Treatment:** The goal of Focused ABA treatment is to address a limited number of target behaviors. Focused treatment focuses on compliance within specific settings (home, school), self-help

skills, social skills, adaptive skills, academic remediation, and daily living skills, and can range from 5 to 25 hours a week.

**Comprehensive ABA Treatment:** The goal of comprehensive ABA treatment is to maximize independence in multiple skill areas and/or improve the individual's functioning to levels typical for his or her chronological age. Initially, comprehensive treatment involves structured one-on-one therapy, and can range from 26 to 40 hours a week; however, as the individual gains skills, more naturalistic and small group settings may be incorporated.

A PBSP, which outlines the function of the target behaviors, will be developed for all clients receiving ABA treatment services. The duration and intensity of treatment is based on the individual needs and severity of the behaviors. Treatment decisions are based on data collection, and reassessment occurs periodically throughout the duration of treatment. Family involvement and family education on specific principles and procedures of ABA is provided on an on-going basis.

We also provide mental health services, including intake evaluations and individual therapy for an array of mental health disorders.

## **ASSESSMENT, PREPARATION, AND PARTICIPATION**

When a diagnostic evaluation or behavioral assessment is being conducted, it is important for the individual to perform their best. Please inform the evaluator if there have been any recent changes in behaviors, medications, diet, sleep routine, or if there has been any significant illness that may impact performance on testing. The length of a diagnostic evaluation can vary depending on the assessment instruments used, and can exceed 8 hours in some situations. Given this, it is important that the individual being assessed has had adequate rest and nutrition prior to being assessed.

Parent/caregivers participation is an expectation of service. Participation may include data collection, implementation of recommended strategies, and team meetings. Team meetings will focus on monitoring progress to determine appropriate level of services needed, and any barriers to treatment. Lack of involvement of parent/caregiver may result in termination from services.

## **APPOINTMENTS**

CBC staff is committed to providing consistent and reliable service as scheduled. A preliminary set of hours will be identified within the PBSP based on the results of the behavioral assessment and consideration of medical necessity. A weekly or monthly schedule of services will be defined between the client/family and service providers assigned to the case. Any party may cancel or reschedule sessions previously scheduled at no cost to the client.

CBC understands that there are circumstances that arise, such as illness or family emergencies, which necessitate the cancellation of appointments. To avoid any misunderstandings, CBC requests that the client/family contact the assigned provider directly to cancel or reschedule sessions. Excessive cancellations may result in termination of services, as consistency is critical for treatment success. If you need to cancel, CBC asks that you give as much advanced notice as possible, as will the CBC service providers.

## COMMUNICATION

CBC understands the importance of open communication and is committed to responding to your questions and comments in a timely manner. The treatment providers are committed to providing quality services, which includes timely and professional communication. Clients will be provided with telephone numbers and email addresses of those individuals who will be directly involved in their care. If you have basic questions about CBC or ABA therapy, you are welcome to send an email to [info@cbcautism.com](mailto:info@cbcautism.com).

**CBC does not provide on-call coverage 24 hours per day, 7 days per week.** In the event of an emergency, please contact your physician or call 911 and/or go to the nearest hospital emergency room.

Clients may contact their treatment providers with questions or comments by telephone or email. Concerns can be directed to CBC's CEO/ Director of Psychological Services, Dr. Michelle McGuire, at [mmcguire@cbcautism.com](mailto:mmcguire@cbcautism.com) or 702-901-5200.

## CONFIDENTIALITY, RECORDS, AND RELEASE OF INFORMATION

CBC is required to adhere to the Federal Health Insurance Portability and Accountability Act (HIPAA), when using and disclosing Protected Health Information (PHI). The law allows us to use and disclose PHI without your specific authorization for treatment, payment, operations and other specified purposes as outlined in CBC's Notice of Privacy Policy. If you request information to be shared with other treatment providers, you will first need to sign a written Authorization to Release Protected Health Information that specifies what information can be released and to whom it can be shared.

There are times when state laws may require the disclosure of confidential information without expressed written permission under certain circumstances. These circumstances include: if a person is in danger of hurting themselves or someone else; child abuse, elder abuse, or abuse of a vulnerable adult is suspected; or if court ordered. CBC staff routinely consults with other professionals. In doing so, we make every effort to avoid revealing the identity of our clients, and any consulting professionals are also required to refrain from disclosing any information we reveal to them.

## FEES AND HEALTHCARE INSURANCE INFORMATION

The following fee schedule represents the fee-for-service rates as of January 25, 2016:

Diagnostic Evaluation:	\$2,500.00
Behavioral Assessment:	\$600.00
Re-evaluation:	\$200.00
ABA Treatment Services:	
• BCBA:	\$200.00 an hour
• BCaBA:	\$150.00 an hour
• RBT:	\$100.00 an hour
Group Treatment Services:	\$50.00 per group
Parent Training:	\$100.00 per hour
Intake Evaluation:	\$160.00
Individual Therapy:	\$150.00
Psychological Testing:	\$200.00 per hour

Payment for all treatment services is due at the time of the service, unless other arrangements have been made. If your insurance carrier provides financial assistance for ABA treatment services, and CBC is a contracted provider for your insurance, CBC will discuss the procedures for billing your insurance carrier. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage.

You understand that you are financially responsible for all charges whether or not paid by your insurance. In the event that your account becomes delinquent, you accept responsibility for the principle amount owed as well as all reasonable costs associated with the collection of the debt. You authorize said assignee to release all necessary information to secure the payment of said benefits.

**INFORMED CONSENT FOR SERVICES**

Your signature below indicates you have received and read the information in this document. Consent by all parents/legal guardians is required prior to evaluations, assessments, or ABA treatment services being provided.

These policies have been fully explained to me and I fully and freely give my consent for services to be provided.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CBC Representative

\_\_\_\_\_  
Date