



CREATIVE HANDS ABA
HELPING CHILDREN EXCEL

Consent for Applied Behavior Analysis (ABA) 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 Ethics Code. I will receive a copy of this document to retain for my records. All fees for services and payment arrangements will be reviewed separately.

I _____ (print parent name) agree to have my child/dependent _____ (print name), participate in applied behavior analysis (ABA) assessment and/or treatment services provided by CREATIVE HANDS ABA. 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 CREATIVE HANDS ABA determines that the third-party service implementation requirements are not in the best interest of the client, CREATIVE HANDS ABA 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 my child/dependent _____'s benefit. Any other individuals or agencies (e.g., family, school, professionals, etc.) who may be affected by the ABA services are considered secondary clients.

If the ABA services focus on increasing _____'s skills, I understand that 3-4 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 behavior 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 1-2 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 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



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training in the basics of ABA that are important for the intervention, details about the specific components of the ABA intervention, and direct practice (e.g., behavioral skills training) in the components for the family, educators, and/or other service providers. Full participation in these implementation and training activities (including but not limited to: attendance and participation in client sessions, parent training sessions, parent and team meetings, review of data, and data collection) is critical for a successful outcome. If there is evidence of repeated lack of involvement, CREATIVE HANDS ABA 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.

Behavior analysts are ethically obligated to provide treatments that have been scientifically supported as most effective for the client. I am aware that there may be other interventions that I am pursuing that 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 CREATIVE HANDS ABA 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 CREATIVE HANDS ABA employs individuals 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 CREATIVE HANDS ABA. All individuals attending these staff meetings are bound by the same confidentiality guidelines as CREATIVE HANDS ABA 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 audio-or videotape assessment and/or treatment sessions for assessment, program evaluation, supervision, and training purposes. In the event that audio-or videotaping is necessary, I will be informed and asked to give written consent prior to taping. I understand that CREATIVE HANDS ABA will use this recorded material only for assessment, program evaluation, supervision, and training purposes. If the assessment or treatment involves formal



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research that goes beyond the 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 above the age of 18 years 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.

This document has been fully explained to me, and I fully and freely give my consent and permission for my child/dependent.

Parent or Guardian (printed name)

Date

Parent or Guardian (signature)