PARENT HANDBOOK

July 2011

Mission Statement:

Behavior Matters LLC (BxM), is an organization committed to the treatment of children with special needs using empirically validated methods and strategies in order to assist each child in reaching his or her greatest potential and improving their quality of life.

At Behavior Matters LLC, we cherish every child as an individual.

In addition to behavioral and educational programming, we focus on the needs of the family and its fundamental role in the success of our behavioral and educational programming. We are dedicated to providing each family with customized support and training using the principles and techniques of applied behavior analysis (ABA) while following the ethical guidelines set forth by the Behavior Analysis Certification Board (BACB), the Association of Behavior Analysis International (ABAI) and the Association of Professional Behavior Analyst (APBA).

“If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming.” Johann Wolfgang von Goethe 1749-1832
This Client Handbook and Contract is designed to provide you with the information you need to ensure you understand what Applied Behavior Analysis (ABA) is, how Behavior Matters LLC (BxM) applies ABA methods and principles and what you can expect should you enter a partnership with BxM to provide services to your family.

What is ABA?

Applied Behavior Analysis (ABA) is a research based, scientific method that began with the work of B.F. Skinner. The science measures observable behavior. It looks at what occurs before a behavior (antecedent) and what happens after a behavior (consequence). In addition, the methods of ABA are applied by breaking down skills into simple steps and teaching each step in succession. Skills are taught with the use of prompting to assist learning. A correct response is followed by positive reinforcement which increases the likelihood that a behavior or response will occur more often in the future. ABC Group uses Errorless Learning in order to decrease frustration, and make teaching and learning a fun activity.

Applied Behavior Analysis (ABA) is the study of the functional relationship between one’s behaviors and their environment. Data is collected on the stimuli that elicits, increases, decreases, or maintains the child’s behavior. The data is analyzed and a treatment plan or an individualized ABA program is implemented. As the child’s treatment progresses, data is collected and analyzed again to determine treatment effectiveness. The goal of a behavior analyst is to utilize behavioral contingencies to help the child learn more functional skills that can replace undesirable behaviors and improve quality of life. Behavior Matters LLC seeks to produce significant results enabling the child to adapt to their environment thus preparing them for a brighter future.

ABA based intervention is validated for Autism Spectrum Disorder (ASD), but is also applicable to children with other developmental disabilities. It is a set of principles and guidelines upon which educational programs are based and should not be used synonymously with a specific program. An ABA program targets specific developmental areas such as:

- Attending skills
- Imitative skills
- Fine motor and gross motor skills
- Language skills
- Conversation skills
- Functional play
- Functional skills/self-help skills
- Social skills
- Theory of Mind/Social Cognition
- Toileting skills
- Problem behaviors

Other names encountered within the field of ABA are: Verbal Behavior (VB), Discrete Trial Teaching (DTT), Natural Environment Teaching (NET), Pivotal Response Teaching (PRT) and Fluency-based instruction. Each use a specific method of instruction and are all are based on the principles of ABA.

How does ABA Work?

ABA:

- Provides age-appropriate learning objectives.
- Provides one-on-one therapy, initially administered in the home or center and then generalized to other settings, including the school.
- Involves an intensive treatment program, between 20 and 40 hours of therapy per week.
• Requires a commitment to a minimum of 2 to 4 years continuous service for each child.
• Provides continual support to parents throughout all the time the child works with Behavior Matters. It also supports the child, family, teachers and school administration during the period as the child’s transition to school.

ABA therapists provide individual behavior therapy in the child’s home, at the (upcoming) clinic, or shadowing at the child’s school, in coordination with school administrators. Our ABA therapists received comprehensive training in behavioral theory, reinforcement, the application of discrete trial training, the nuances of prompting and fading prompts, behavior management, generalization, maintenance of acquired skills, and interactive play with peer groups and social development. In addition, continuous refresher training courses and research on new techniques shall be provided to therapists so that they are able to maintain a desired level of quality of service.

The philosophy of ABA is Determinism; all behavior is governed by the laws of behavior and therefore there is a reason for all behavior. We can predict and control behavior when we discover the variables governing a particular behavior.

Why should Parents get Training?

Parents are integral to the success of each child. Behavior Matters LLC strives to include parents in all aspects of therapy from goal and objective development to treatment strategies and behavior management skills. Consistency of programming across settings is our ultimate aim. The Behavior Matters Supervisor is available to train parents in the areas of behavior management and the application of discrete trial training in the hopes that parents will also become part of the child’s therapy team.

How many Hours of ABA therapy does your Child Need?

Behavior Matters LLC cannot predetermine the number of hours that your child may require from an ABA program. After the initial assessment, the BCBA or BCaBA will be able to make the recommendation as to how many hours are appropriate to meet the specific needs of the child.

What are our methods of ABA Treatment?

At BxM we use a wide variety of behavior analytic teaching methods such as:

• Discrete Trial Training
• Incidental Teaching
• Verbal Behavior
• Skill-Streaming
• Social Stories
• Chaining
• Total Task presentation
• Prompt hierarchies
• Shaping

• Token Economies
• Antecedent Control
• Reinforcement
• Video Modeling
• Peer Social Skills Groups
• Peer Modeling
• Errorless Learning Techniques
• Pivotal response training
• Fading

Do you use a strict Lovaas approach?
No, we don’t. Our intervention is applied behavior analysis (ABA) based on Skinner’s Analysis of Verbal Behavior, and we use Intensive Teaching (IT), which means discrete trial teaching but conducted a bit differently than DTT, and Natural Environment Teaching (NET). Children do not learn when they are unhappy, bored or stressed. It is our job to make sure that your child has good reasons to want to try new and difficult tasks so we will consider your child’s motivation and interests in planning specific activities to help your child learn language, play skills and skills for independence.

What is Verbal Behavior (VB)? How can I find out more about Verbal Behavior?

You can go to various websites to find out more about verbal behavior. To start with, go to:
www.christinaburkaba.com
www.verbalbehaviornetwork.org
www.marksundberg.com
www.carboneclinic.com (see videos on ITT and NET) under multimedia
There is even a Verbal Behavior wiki http://verbalbehavior.pbwiki.com/

What about Assessments?

Assessments are ongoing. In addition to 1:1 sessions, BxM provides client advocacy, IEP goal development consulting, consultation and integration of goals from other professionals (i.e. OT, PT, SLP), family training and social skill groups as part of wrap around scope of service for complete client care.

What is ABLLS-R/ VB-MAPP Assessment?

The ABLLS-R is the Assessment of Basic Language and Learning Skills- Revised, curriculum guide, and skills tracking system for children diagnosed with autism and other developmental disabilities. The ABLLS-R was developed by James W. Partington, Ph.D. and Mark L. Sundberg, Ph.D. in 1998 and the 2006 revision was completed by James W. Partington, PhD. The ABLLS-R assessment provides the opportunity to investigate many skills necessary for a child to communicate with others and to gain new functional skills for independence and academic learning. Skills for the following areas are investigated: Cooperation and Reinforcer Effectiveness; Basic Language skills; Social skills; Academic; Self-Help and Motor Skills. There are 25 repertoire areas assessed.
The Verbal Behavior Milestones Assessment and Placement Program: The VB-MAPP is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who demonstrate language delays. The VB-MAPP is based on B.F. Skinner’s (1957) analysis of verbal behavior, established developmental milestones, and research from the field of behavior analysis.

How long does it take to conduct ABLLS-R/ VB-MAPP Assessment?

The ABLLS-R/ VB-MAPP Assessment is conducted over two to three sessions, which are each about two hours long. Some usually take between 8-20 hours, depending on the child’s language skills. During the first two sessions the ABA/VB Consultant assesses child’s current skill level in the area of language, basic learning skills, academic and motor abilities. Parents and caregivers can often provide information about the child’s self-help skills, and score these areas with the assistance of the ABA/VB Consultant. Parents are encouraged to share their concerns and to identify their priorities.
regarding the objectives for intervention. Caregivers will be asked when they would like the assessment of their child’s social skills. This assessment is usually conducted in the student’s preschool or school where the ABA/VB Consultant observes how the child interacts with peers and follows group or individual instruction, and class routines.

How long will it take before my child will speak/use the potty/stop throwing tantrums?

No professional can or should give you absolute guarantees about any aspect of your child’s development or behavior. We will use the science of ABA to collect data, which informs our decisions, and to select techniques and strategies to assist you child in acquiring effective behaviors and skills for independence. We will use the regular team meetings as a time to share information, raise questions and concerns, and plan intervention strategies. You can expect your child to show progress in the areas of his/her goals over time and we will monitor the progress with regular data collection. Our aim is to help your child to realize his or her full potential, and find ways to interact with, participate in school/social opportunities and thrive in the world.
Behavior Matters LLC Therapy
Parent and Program Guidelines

Your cooperation on the following is greatly appreciated to assist us in working with your child:

1. Your child should be dressed and fed prior to therapist arrival unless these skills are being addressed in the program.

2. A parent or responsible adult must be in the home when therapy is being provided.

3. If sessions are in the home, the area being used for therapy must be a comfortable temperature, well lit and relatively free of distractions. It is important that we are able to conduct the session in a professional manner with materials ready and limited access to competing reinforcers (i.e. toys that are not used during the therapy session).

4. Child or other siblings should leave the materials and reinforcers used for therapy alone outside of therapy time.

5. The therapist is NOT allowed to take a child in their automobile.

6. The telephone numbers of all therapists should be in the front of the therapy book so that parents can contact them if necessary. Please do not call the therapists before 8 am or after 9 pm.

7. We consider our meetings and therapeutic session very important and expect you to do the same. Please try not to miss appointments. If you must cancel, please provide notice to your therapist and supervisor at the earliest time possible, preferable within 48 hours. If you do not give at least 24 hours notice, you will be charged ($125 for supervision and/or $50 for therapy) for the session and this is not billable to insurance.

8. Your session is reserved for you. We are rarely able to fill cancelled sessions unless we know about the cancellation in advance. If more than 20% of scheduled sessions are missed, within a 6-month period, we reserve the right to dis-enroll the child from the program and offer the slot to someone else.

9. If a session is cancelled, and you would like to reschedule, please let us know. If the appointment time requested is not available and we will place you on our waiting list. If another client cancels their appointment, we will contact clients on the waiting list on a first come, first call basis.

10. The therapist must wait 15 minutes if child is not there at the therapy time and the therapist is then allowed to leave. The child will be considered absent and you will be charged ($125 for supervision and/or $50 for therapy) for the session and this is not billable to insurance.

11. If your family is planning an extended vacation (more than 2 weeks), please inform the therapist and supervisor. We will continue to reserve the spot for your child, but cannot guarantee that your child will work with the same therapist.
12. **Sickness. Please notify the therapist, as much in advance as possible, at least the night, before the scheduled session if you know that your child (or other children in your home) will not be able to participate in the program the next day due to illness.** Sickness includes, but not limited to the following:

- Temperature above 100
- Communicable Disease
- Foot/Mouth Disease
- Vomiting
- Mumps
- Chicken Pox
- Measles
- Diarrhea
- Pin Worm
- Strep Throat
- Lice
- Rash
- Pink Eye

a. Parents are asked to use the same guidelines used in a school – if a child (or sibling) is too sick to attend school, he or she is too sick to participate in his/her therapy session.

b. Therapy will resume as soon as the child’s doctor clears him/her of being contagious or the remedy is completed. If a therapist arrives at the home and the child is sick, the therapist will not be able to work with your child.

13. The therapist will call the family if they are going to be arriving more than 5 minutes late.

14. If a therapist cancels a session, these hours may be made up as soon as possible and the family will be informed as to when this is going to occur.

15. The parents cannot change therapy hours due to scheduling. If there is an occasional issue such as doctor’s appointment or family occasion then every effort will be made to try to accommodate this. These accommodations must be made through the Behavior Management LLC Supervisor and the individual therapist.

16. A therapist cannot change appointment times without an agreement with the family and the supervisor.

17. In the case of snow or inclement weather:
   
i. a) Please listen to the radio for announcements of school closing for the district in which you reside. If the district schools are closed it is an indication that driving in that area presents danger Behavior Management LLC therapist should not report to work that day.

18. Since schools in the district are closed on inclement weather days, the time missed on those days can be made up at the discretion of the therapist and the family.

19. In case of an accident or unusual incident, the therapist should complete an accident form and the Behavior Management LLC Executive director and the family should be informed within 1 working day (see the “Accident Report” form attached).

20. Parents and contractors should be respectful and courteous to each other. Open communication between parents and contractors is essential to the establishment of a successful program for the child. All communication must be done in a courteous and respectful manner. If there are any problems or concerns, please contact the BCBA or BCaBA Supervisor immediately.
21. Parents are encouraged to share with contractors any information that may be helpful in getting to know their child and will enable them to work successfully with the child.

22. Please understand that all information shared is HIPPA protected, it is essential that every Behavior Management LLC contractor respects and maintains each client’s right to confidentiality regarding his or her treatment and all personal information. **All HIPPA laws apply.** Please do not ask about another clients program or treatment, as this information will not be discussed and could possibly lead to the dismissal of your child from the program.

23. Periodic videotaping of sessions may be helpful in assessing the progress of the child. Prior to a videotaping session, permission must be obtained by all parties involved and can be terminated at any time. Additionally, parents may request a copy of the taped session on a medium provided by them.

24. Parents must sign each therapist’s timesheet to confirm the number of service hours provided **at the end of each session.** Parents are responsible for ensuring accuracy of hours.

25. No therapy for siblings. Behavior Management LLC contractors are not obligated to work with siblings. If a therapist feels a sibling can be used as a participant in a session, it is at their discretion.

26. The first 5 minutes of the session is used to prepare for the session and set up the environment. If you need a few minutes to talk with the therapist before the session, please let the therapist know, but be aware that your child may be anxious to begin “playing” with the therapist.

27. The last 15 minutes of the session are for the therapist to graph and record data regarding the session. Please allow this time without the child. Therapist will share highlights of the session and request your initials on the session notes sheet.

28. During supervision session, the Supervisor and therapist will review the Child’s treatment book to updated and incorporate any recommended changes. If parents would like to discuss any issues, please advise the therapist at the beginning of the therapy session. Any time taken for data entry and graphing, log book update, or to discuss program issues shall be considered billable time.

29. Supervision is required to attend a minimum of 2 hours every month and a maximum of 4 hours, as per Triwest regulations.

30. Parents are required to purchase materials for programming. This may include, but not limited to, programming cards, workbooks, educational toys and reinforcers.

31. Cost Shares are due on the 15th of each month of service. We communicate with our clients to resolve past due accounts in all cases. If we cannot reach a client by phone following the return of undeliverable mail, or if a clients payment agreement cannot be made or paid as agreed, we are forced to use the services of a professional collection agency. Once an account is placed with a collection agency, we cannot take the account back. Please let us know when or if your contact information changes so that we can always reach you, if needed, to discuss past due accounts.
32. Please contact your therapist or supervisor about any treatment questions or concerns. The importance of continuity between home and Behavior Matters LLC cannot be over-stressed. Our aim is to develop an honest, open and supportive relationship with you, which complements life in your home rather than contradicts it. We are very aware of our influence as a role model for your child and without your extensive knowledge of your child we would be unable to enhance your child's development. Behavior Matters LLC contractors are always willing to discuss your child and their development. Please understand that therapist and supervisors do work with multiple families and may not be able to return calls immediately. If possible, email or text, and expect a response within 48 hours.

33. In following with the BACB’s guidelines and standards, and in your best interest, we strive to maintain a therapeutic and support based relationship at all times. Our work is highly personal. Because we are providing you with support, we can become involved in many aspects of your life. We must monitor ourselves to make certain that we do not cross the professional/client relationship barrier. This can be difficult because of the intimacy we develop. Please understand that our behavior is not personal, but that we are working towards maintaining a professionally supportive role in your lives at all times and a personal friendship may compromise our ability to continue to view your family’s situation through a professional’s eyes. That said, we do develop a special unique relationship due to the nature of our business. We are committed to caring for you and yours as we work to achieve the goals we have set forth collaboratively.

**Scheduling**

1:1 ABA sessions are offered Monday- Friday from:

- 9-11pm to 1-4 pm
- 9-12 pm to 3:30- 5:30
- 11-1pm to 4-6 pm
- 12-3pm to 5-7 pm

(There can be some flexibility in this schedule is pre-approved with the scheduler.)

(Tentative) Fall Social Skills Group Sessions

Preschool age:
Friday 9:00-11:00 or 1:00-3:00

School Age:
Grades 1-2 Monday 4-6
Grades 3-4 Thursday 4-6
Grades 5-8 Tuesday 5-7
# RELEASE OF PATIENT INFORMATION
## EXPLANATION OF YOUR AUTHORIZATION

<table>
<thead>
<tr>
<th>For Your Protection</th>
<th>THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Privacy of Your Health Records</td>
<td>We understand that information we collect about you and your health is personal. Keeping your health care information private is one of our most important responsibilities. We are committed to protecting your health care information and following all laws about its use. You have the right to discuss with the privacy officer your concerns about how your health care information is shared. The law says:</td>
</tr>
<tr>
<td>1. We must keep your health care information from others who do not need it.</td>
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<tr>
<td>2. You may ask us not to share certain health care information. Sometimes, we may not be able to agree to your request (a court order would be an example of one of these situations).</td>
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<tr>
<td>Who will see your protected information</td>
<td>The agreement you sign with us may cover health care services you had before now or may have later.</td>
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<tr>
<td></td>
<td>We review your health care information and submit claims to payers you have agreements with to make sure that you get quality care and that all laws about providing and paying for your health care are being followed. We may also use your information to remind you about appointments or to tell you about treatment alternatives.</td>
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<tr>
<td></td>
<td>We may share your health care information with health plans, insurance companies, and government programs to help you get your benefits and so that we can be paid for your health care services.</td>
</tr>
<tr>
<td>Your Access to Protected Health Records</td>
<td>In almost all cases, you may see your health care information. You may ask in writing to receive a copy of your health care information. If you think some of your health care information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your health care information from us.</td>
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<td></td>
<td>Note: If you are younger than 18 years old and, by law, you are able to give consent for your own health care, then your health care information is kept private from others unless you sign an authorization form.</td>
</tr>
<tr>
<td>Others we may share your information with</td>
<td>We follow the law which tells us when we ARE REQUIRED to share health care information, even if you do not sign an authorization form. We may be required to report:</td>
</tr>
<tr>
<td></td>
<td>1. contagious diseases, birth defects and cancer;</td>
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<td></td>
<td>2. firearm injuries and other trauma events;</td>
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<td></td>
<td>3. reactions to problems with medicines or defective medical equipment;</td>
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<td>4. to the police when required by law;</td>
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<td></td>
<td>5. when the court orders us to;</td>
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<td></td>
<td>6. to the government to review how our programs are working;</td>
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<td></td>
<td>7. to an insurance company who needs to know if received services from us;</td>
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<td></td>
<td>8. to Workers Compensation for work related injuries;</td>
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<td></td>
<td>9. birth, death and immunization information;</td>
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<td></td>
<td>10. to the federal government during the course of an investigation;</td>
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<td></td>
<td>11. abuse, neglect and domestic violence, if related to child protection or vulnerable adults.</td>
</tr>
<tr>
<td>Your Right to this Notice</td>
<td>This notice is yours. You may ask for a copy at any time. If there are important changes to this notice, you will get a new one within 60 days if you are currently receiving services.</td>
</tr>
<tr>
<td>Questions &amp; Complaints</td>
<td>If you have any questions regarding the notice or wish to receive additional information about our privacy practices, please contact our office. If you believe your privacy rights have been violated, you may file a complaint at our service location(s) either in person or by mail.</td>
</tr>
<tr>
<td></td>
<td>We utilize a neutral third party Quality Assurance Liaison to provide you the opportunity to state you’re</td>
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</tbody>
</table>
compliant and seek resolution if the nature of a question or complaint makes you feel uncomfortable about approaching our practice directly. This liaison is not our employee and has agreed to maintain your confidentiality while they seek resolution for you through our practice. Our Quality Assurance Liaison is Rebeka Edge and can be reached by phone or by mail at 253-686-6958, 16636 Baird Cir, Eagle River, AK 99577.

You may also contact the Department of Health & Social Services Privacy Official by calling 907-465-2150, or by writing to State of Alaska, DHSS Privacy Official, PO Box 110650, Juneau, AK 99811-0650, or by e-mailing the state DHSS Privacy Official at: PrivacyOfficial@health.state.ak.us. You can also contact the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights. **Your health care services will not be affected by any complaint made.**
Triwest ECHO Cost Share

Triwest Extended Care Health Option (ECHO) program coverage allows for a maximum of $36,000 a year for services. If eligible, you are responsible for a co-pay/ cost share amount each month based on the sponsors pay grade. These cost shares are to be paid each month of services rendered.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Cost Share</th>
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<tbody>
<tr>
<td>E1-E5</td>
<td>$25.00</td>
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<tr>
<td>E6</td>
<td>$30.00</td>
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<tr>
<td>E7, O1</td>
<td>$35.00</td>
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<tr>
<td>E8, O2</td>
<td>$40.00</td>
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<tr>
<td>E9, W1, W2, O3</td>
<td>$45.00</td>
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<tr>
<td>W3, W4, O4</td>
<td>$50.00</td>
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<tr>
<td>W5, O5</td>
<td>$65.00</td>
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<tr>
<td>O6</td>
<td>$75.00</td>
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<td>O7</td>
<td>$100.00</td>
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<td>O8</td>
<td>$150.00</td>
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<tr>
<td>O9</td>
<td>$200.00</td>
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<tr>
<td>O10</td>
<td>$250.00</td>
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</tbody>
</table>

Payment or co-payment at the time of service is expected. Millennium Reimbursement Medical Billing Service, Behavior Matters LLC’s billing service, will file all insurance claims on your behalf. Their phone number is (907) 696-1656. They will answer any questions regarding billing or insurance matters. Please discuss any questions about confidentiality with Rebeka Edge, Executive Director of Behavior Matters LLC.

If you do not make a payment or set up financial arrangements to settle your account within thirty (30) days from the date of the statement, you may be considered for collections. If your account goes to collections, a 25% collection fee will be added to your account. Personal checks that are returned to our office will be charged at a rate of $25 per check. Patients that have had returned checks with Behavior Management LLC will need to use another means of payment in the future.
Behavior Matters LLC
Accident Report: Home Program

Location/Address ____________________________ Date ____________

Name of Injured ____________________________ Position ____________________________

Date of Injury ____________ Time ____________ Place ____________________________

How Accident Occurred: ____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Remarks: _________________________________________________________________________
________________________________________________________________________________

Others present at time of accident: ________________________________
Submitted by: ________________________________________________________________

Signature Position

This section to be completed by Parent:

Nature of Injury ____________________________________________
________________________________________________________________________________

Treatment Given ___________________________________________
________________________________________________________________________________

Name of Physician or Person Providing Treatment ____________

Treatment provided at (location/address) ____________________________
________________________________________________________________________________

Date of Treatment ____________ Time ____________

Remarks: _________________________________________________________________________

Parent Signature

cc: Executive Director Behavior Management LLC
Client/ Firm Agreement

I ______________________________ understand that my signature below indicates that I have read and agree to the conditions set forth in the handbook. It does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with Behavior Matters LLC, before commencing services for formal applied behavior analysis. I understand that any of the points mentioned in the handbook can be discusses and may be open to change, on a case-by-case basis. If at any time during the therapeutic treatment I have questions about any of the subjects discussed in this handbook, I can talk with my therapist or supervisor and Behavior Matters LLC will do its best to provide clean, concise answers.

I understand that after applied behavior analysis begins I have the right to withdraw my consent to continue services at any time, for any reason. However, I will make every effort to discuss my concern with Behavior Matters LLC before ending behavior analysis services.

I understand that no specific promises have been made to me by Behavior Matters LLC about the results of treatment or training, the effectiveness of the procedures used by this company or the number of sessions necessary for behavior analysis to be effective.

I have read, or have had read to me, the topics and points in this handbook. I discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this handbook. I hereby agree to applied behavior analysis services with Behavior Matters LLC and to cooperate fully to the best of my ability, as shown here.

I understand that Behavior Matters LLC, may sever this relationship at any time by myself or should services no longer be of benefit to the client, or for any other valid reasoning, given the minimum of 2 weeks prior notice.

I understand that if I sever this relationship prior to the 2 weeks notice, I will be responsible for fees incurred for those 2 weeks of scheduled sessions due to work lost.

Print Name: ______________________________

Signature: ______________________________

Date: ____________________________ Relationship to client: ____________________________